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LAND OFFICE						
TRANSPORTER	OIL					
INANSPORTER	GAS					
OPERATOR .						
DOOD ATION OFFICE						

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

-	U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  OPERATOR	AUTHORIZ	ZATION TO TRAN	SPORT O	IL AND NA	ATURAL GA				
1.	PRORATION OFFICE			····				<del></del>		
	Mobil Oil Corporation									
- }	Three Greenway Plaza I	East, Suite	800, Houston	, Texas	77046		<u> </u>			
	Reason(s) for filing (Check proper box)  New Well  Change in Transporter of:									
	Recompletion Oil Dry Gas									
	Change in Ownership	Casinghead G	Condens	sate						
	If change of ownership give name and address of previous owner	· · · · · · · · · · · · · · · · · · ·				· ·		<del></del>		
11.	DESCRIPTION OF WELL AND L	EASE	ol Naza Jestudina Fo	rmation	<del></del>	Kind of Lease		Lease No.		
	Lease Name Well No. Pool Name, including Formation State, Federal of Fee Federal of Fee						or Fee Federal			
Jicarilla F ZA Blanco Mesaverde W  Location  Unit Letter D 990 Feet From The N Line and 1190 Feet From The W										
	Unit Letter ;	Feet From T	he N Line	and	90	_ Feet From Ti	he			
	Line of Section 27 Town	nship 27N	Range 31	<b>V</b>	, NMPM,	Rio A	rriba	County		
111.	DESIGNATION OF TRANSPORT	ER OF OIL AN	ND NATURAL GA	S			ed copy of this form is to	he sent		
	Name of Authorized Transporter of Oil	or Conde	ensate 🔀	Address (GI		ington, N		, , , , , , , , , , , , , , , , , , , ,		
	Plateau Inc. Name of Authorized Transporter of Casi	nghead Gas 🔲	or Dry Gas X	Address (Gi	ve address to	which approv	ed copy of this form is to	be sent)		
	Northwest Pipeline			3539 E. 30th, Farmingt						
	If well produces oil or liquids, give location of tanks.	Unit Sec. D 27	Twp. Pge.	Is gas actua	ally connected	d? When				
īV	If this production is commingled with COMPLETION DATA	n that from any o					I-: 2 1 C 2	tu Dill Books		
3 V .	Designate Type of Completion	n - (X)	1	New Well	Workover	Deepen	Plug Back Same Res 	v. Diff. Restv.		
	Date Spudded	Date Compl. Read	¦ X dy to Prod.	X Total Depth	<u>i                                     </u>	<u>.i.</u>	P.B.T.D.			
	10/10/77	11/18/7	7	6370			6345			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producin	-	Top Oil/Ga 5818	s Pay		Tubing Depth 6138			
	7250 GR	Mesaverde			:		Depth Casing Shoe			
	l ·	5826-6102 & 6164-6266'					6370			
		TUB	SING, CASING, AND	CEMENTI	NG RECOR		SACKS CEN	IENT		
	HOLE SIZE	8-5/8"	TUBING SIZE	32	22		225x C			
	12-1/4" 7-7/8"	4-1/2"		637	70		1626x Lt Wt			
	7-776						ļ			
		D ATTOMART	E /Tase muse ha a	fter recovery	of total volu	me of load oil o	and must be specific	xceed top allow-		
V.	TEST DATA AND REQUEST FO		able for this de	pth or be for	full 24 hours	) , pump, gas lif	, , , , , , , , , , , , , , , , , , ,	1		
	Date First New Oil Run To Tanks	Date of Test		Producing	Wetuca (Ltom	, pump, gas ss	.,,			
	Length of Test Tubing Pressure		Casing Pressure		-	Choke Size				
			Water-Bbls.		Gas - MCF					
	Actual Prod. During Test	Oil-Bhis.								
	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Cond	lensate/MMCI	F	Gravity of Condensate	)		
	1548 (CAOF 2.617 MMC	L.,		0.65	/MMCF		65 @ 60			
	Testing Method (pitot, back pr.)	F)3 hrs. Tubing Pressure	(Shut-in)	1	saure (Shut		Choke Size			
	Back pressure	874 psig	(7 days)	877 р	sig ( 7	days)	3/4"	·NI		
VI	. CERTIFICATE OF COMPLIANCE	CE				:	TION COMMISSIC			
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19							
I hereby certify that the rules and regulations of the Ori Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										
	above is true and complete to the best of my knowledge and bester.				TITLE SUPERVISOR LIST. #3  This form is to be filed in compliance with RULE 1104.					
	Missing) Hours			li						
	Authorized Agent				well, this form must be accompanied by a tabulation of the well in accordance with RULE 111.					
Authorized Agent				All sections of this form must be filled out completely for allow-						

(Title)

(Date)

2/7/78

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fitl out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply