See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Astonia, NM 88210 DISTRICT III

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410	REQU	EST FOR	R ALLOWAI	BLE AND .	AUTHOR TURAL G	IZATION AS				
(. Operator Mobil Producing TX, & N.M. II						Well	API No.			
Address P.O. Box 633 Midland, To	exas 79	702						-		
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghese	_	ransporter of: bry Gas	T(		(ain) OIL/CONDE NERGY COF			1	
If change of operator give name and address of previous operator							<del> ,</del>	<del></del>		
II. DESCRIPTION OF WELL AND LEASE					9			caulla		
Lesso Name Jicarilla E	<b></b>			of Lease No. Federal or Fee						
Location Unit LetterE	:112	20F	eet From The	NLin	and106	65R	set From The .	W	Line	
Section 14 Township	27N	R	ange 3W	, N	MPM, I	Rio Arr	iba	<del></del>	County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS				<del></del>	<del></del>	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Gary-Williams Energy Cor				Rep. Pl., 370, 17St. Ste. 5300, Den. CO80202.  Address (Give address to which approved copy of this form is to be sent)						
	or thwest Pipeline Corporation								UT 8411	
If well produces oil or liquids,	Unit	Sec. T	wp.   Rge.		y connected?	Whea	. 7	•		
pive location of tanks.			27N 3W	line order num					<u>·</u>	
If this production is commingled with that !  IV. COMPLETION DATA	rom any our	er lease or po	Ot, give containing	ing order seen						
Designate Type of Completion	- (X)	Oil Well	Ges Well	<u>i</u>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
TUBING, CASING AND				CEMENTING RECORD						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
				+	<del></del>					
V. TEST DATA AND REQUES OIL WELL (Test must be after to	T FOR A	LLOWAI	BLE	the equal to of	exceed too al	Sowable for the	is depth or be	for full 24 hou		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		1000 00 010 110	Producing M	ethod (Flow, p	nemp, gas lift,	etc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			1	Water - Bbls			Gas- MCF		
GAS WELL									· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCF/D					Bble. Coodensue MICHO N. DOW					
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regula					OIL CO	NSERV	ATION	DIVISIO	NC	
Division have been complied with and is true and complete to the best of my b	that the infor	mation given	above	Date	e Approv	ed	JUN 1	1 1990		
OI I I				By_	• •	3.	ا در	Shang	, . 	
SHRLEY TOOD				1) 170						
Signature SHIRLEY TOOD Printed Name	1.15	-,-	Title .	Title		SUPE	ERVISOR	DISTRIC	T #3	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Senarate Form C-104 must be filed for each nool in multiply completed wells.