1	HO. OF COPIES MECETIVED					
	DISTRIBUTION		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110		
Γ	SANTA FE	REQUEST	FOR ALLOWABLE	Effective 1-1-65		
Γ	FILE	_	AND	1.6		
Γ	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL G)A3		
	LAND OFFICE					
	TRANSPORTER OIL					
- 1	GAS					
	OPERATOR			•		
. h	PRORATION OFFICE					
1.	Operator					
ı	Mobil Producing TX. &	N.M. Inc.				
-	Address					
-	NATE CHARLES Plaza S	uite 2700, Houston, Tex	as 77046			
- }	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New We!1	Change in Transporter of:				
Į	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Oil Dry G	Gas			
	Recompletion	Casinghead Gas Cond	ensate 📗			
L	Change in Ownership					
1	f change of ownership give name and address of previous owner					
		TEACE		No.		
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, more	Formation Kind of Leas			
-	Jicarilla E	5A Blanco Mesave	erde Gas State, Federa	of Fee Federal 09-000089		
ļ				_		
	Location 152	20 South	790 Feet From	The		
- 1	Unit Letter;	Feet From The South	Ine did			
		27-N Bange	3-W NMPM, Rio A	Arriba County_		
	Line of Section 14 Tox	wnship Z/-N Range	7 (100.00)			
			246			
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be vent)					
	Name of Authorized Transporter of Cil X or Condensate Box 108, Farmington, NM 87401					
	Plateau. IIIC.					
	Name of Authorized Transporter of Ca	singhead Gas X or Dry Gas	aran E 30th St Fam	mington, NM 87401		
	Name of Authorized Transporter of Casingnead Gus X: Northwest Pipeline Corp. 3539 E. 30th St., Farmington, NM 87401 Northwest Pipeline Corp. Is gas actually connected? When					
	Unit Sec. Twp. Fige.					
	give location of tanks.	L 14 27N 3W				
	If this production is commingled wi	the that from any other lease or poo	ol, give commingling order number:			
	If this production is commingled wi	th that hom any other pro-		Plug Back Same Res'v. Diff. Res'v		
IV.	COMPLETION DATA	Cil Weil Gas Well	New Well Workover Deepen	Prag Buck Same ries of Print		
	Designate Type of Completi	on $-(X)$	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
		2-5-82	6100	6040		
	12-9-81	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.,	Point Lookout				
	7026 GR	FOIRE ECONOGE		Depth Casing Shoe		
	Periorations					
	5842-6024 TUBING, CASING, AND CEMENTING RECORD					
			DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	362	250x		
	12-1/4	8-5/8	6082	1610x		
	7-7/8	5-1/2	0002			
		i				
	and the second top allow					
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)					
٧	OIL WELL	able for this	Producing Method (Flow, pump, gas	iste. etc.)		
	, Date First New Oil Run To Tanks	Date of Test	producing Mathod (F.102) pampi and			
				Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Length of Teet					
	Actual Prod. During Test	Cil-Bble.	Water - Bb.s.	Gas MOF		
	Actual Prod. During 1981			المالية المالية		
	The same			To the same		
	GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Consensate		
	Actual Prod. Test-MCF/D		_			
	687	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore Size		
	Testing Method (pitot, back pr.)	1	450	24/64		
		340	211 0011553			
12/1	. CERTIFICATE OF COMPLIA	NCE	2-26 YZ OIL CONSER	(1997)		
₩ 1	. CLIVIII IONILL OF COME BUT			196		
		d regulations of the Oil Conservat	ion APPROVED	RANK I. CHAVEZ		

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jammy a. Menge (Signature) Authorized Agent	
(Title)	
2-8-82 (Date)	-

Original Signed by FRANK I. CHAVEZ

SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip