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- 1	DISTRIBUTION	HEWA	NEW MEXICO OIL CONSERVATION COMMISSION		AISSION	Form C-104		
	SANTA FE		REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C Elloctivo 1-1-65	!!	
	FILE	AND						
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	LAND OFFICE							
	TRANSPORTER OIL GAS							
	OPERATOR	1						
.	PRORATION OFFICE				1 62	का कियाँ मेरा है हैं जिस केरो		
1.	Operator				1 0	DD 0 1002		
	Mobil Producing TX. & N.M. Inc.				(A)	PR 9 1982		
	Address				\ OIL	CON. COM.		
	Nine Greenway Plaza, Suite 2700, Houston, Texas 77046							
	Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well X Change in Transporter of:							
	The completion							
	Change in Ownership Casinghead Gas Condensate							
	If change of ownership give name							
	and address of previous owner							
II.	DESCRIPTION OF WELL AND	LEASE			TK1=4 =4 1 ====	I ama N		
	Lease Name	Well No. Pool No	ame, Including F	Formation	Kind of Lease	Lease N		
	Jicarilla F	8 Blanc	co Mesaver	rde Gas	State, Federal or I	Fee Federal 09-0000	<u>)94</u>	
	Location							
	D 790 - North Langed 890 Feet From The West							
	Unit Letter; // Feet From the							
	Line of Section 24 Tow	vnship 27N	Range	3W , NMP	M, Rio Arril	ba Count	у	
	Line of Section 24							
***	DESIGNATION OF TRANSPORT	FER OF OIL AND N	ATURAL G	AS				
III.	Name of Authorized Transporter of Oil	or Condensat	i• 🔯	Address (Give address	to which approved o	copy of this form is to be sent)		
	Plateau, Inc.	_		Box 108, Farm	ington, NM 8	7401		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X			Address (Give address	Address (Give address to which approved copy of this form is to be sent)			
				3539 E. 30th				
	Northwest Pipeline Corp.			Is gas actually connec	ted? When	2011, 111 07402		
	If well produces oil or liquids,	Unit Sec.		Yes	i			
	give location of tanks.	<u>i </u>	i					
	If this production is commingled with that from any other lease or pool, give commingling order number:							
IV.	COMPLETION DATA	Oil Well	Gas Well	New Well Workover		ug Back Same Resty. Diff. Re	s'v.	
	Designate Type of Completion		1	1	1			
	Designate Type of Completion	i	X	X		B.T.D.		
	Date Spudded	Date Compl. Ready to	Prod.	Total Depth	٢.			
	12-24-81	4-5-82		6100		6076		
•	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	rmation	Top Oil/Gas Pay	111			
	7075' GR	' GR Blanco Mesaverde		5583		5597		
	Perforations				De	epth Casing Shoe		
	Point Lookout 5852-6064, Cliffhouse & Menefee 5583-5728							
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	12-1/4	8-5	8-5/8		1	250x		
	7-7/8		5-1/2		1	1625x		
	7-176	23/8		6079 5597				
		1	<u> </u>					
				-1	lume of load oil and	must be equal to or exceed top a	llow	
V.	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 allow able for this depth or be for full 24 hours)							
	OIL WELL Date First New Oil Run To Tanks Date of Test			Producing Method (FI	ow, pump, gas lift, et	tc.)		
	Date First New Oil Run 10 I dike				- 			
	Length of Test Tubing Pressure		Casing Pressure		Choke Size			
								Oil Bhia
	Actual Prod. During Test Oil-Bbls.		40(41 - 2515)					
	GAS WELL				- Ta	amily of Condensate		
	Actual Prod. Test-MCF/D Length of Test			Bbls. Condensate/MMCF		Gravity of Condensate		
	/830	_	24 Hours			62.3 - 60°		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shr	it-in)	Casing Pressure (Shi				
	1	1	7/1	0 (Pk	:d.)	3/4		

(Signature) Authorized Agent

1982

(Date)

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.

VI. CERTIFICATE OF COMPLIANCE

April 7,

(Title)

OIL CONSERVATION COMMISSION

By Original Signed by FRANK T. CHAVEZ APPROVED

SUPERVISOR DISTRICT # 3 TITLE _

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

If this is a request for allowable for a newly drilled or deepened 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 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