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| TRANSPORTER            | OIL 1<br>GAS |
| OPERATOR               | 5            |
| PRORATION OFFICE       |              |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator  
**MOBIL OIL CORPORATION**  
Address  
**Box # 1652, Casper, Wyoming**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                                 |                      |                                                            |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------|-------------------------------------------------------|
| Lease Name<br><b>Navajo</b>                                                                                                                                                                                                     | Well No.<br><b>1</b> | Pool Name, Including Formation<br><b>Tocito Dome Penn.</b> | Kind of Lease<br>State, Federal or Fee <b>Federal</b> |
| Location<br>Unit Letter <b>M</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b><br>Line of Section <b>9</b> , Township <b>26North</b> Range <b>18West</b> , NMPM, <b>San Juan</b> County |                      |                                                            |                                                       |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                               |                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>Inland Corporation</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box # 1528, Farmington, N.M.</b> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>                                 | Address (Give address to which approved copy of this form is to be sent)                                             |
| If well produces oil or liquids,<br>give location of tanks.                                                                                   | Unit <b>M</b> Sec. <b>9</b> Twp. <b>26N</b> Rge. <b>18W</b> Is gas actually connected? <b>no</b> When                |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

|                                                                       |                                              |                                        |                                  |          |                  |           |             |              |
|-----------------------------------------------------------------------|----------------------------------------------|----------------------------------------|----------------------------------|----------|------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X)                                    | Oil Well                                     | Gas Well                               | New Well                         | Workover | Deepen           | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded<br><b>6/18/66</b>                                        | Date Compl. Ready to Prod.<br><b>7/22/66</b> | Total Depth<br><b>6309</b>             | P.B.T.D.<br><b>6309</b>          |          |                  |           |             |              |
| Pool<br><b>Tocito Dome</b>                                            | Name of Producing Formation<br><b>Penn.</b>  | Top Oil/Gas Pay<br><b>6302 to 6308</b> | Tubing Depth<br><b>6253</b>      |          |                  |           |             |              |
| Perforations<br><b>6302 to 6308 2 shots per foot )total 12 shots)</b> |                                              |                                        | Depth Casing Shoe<br><b>6309</b> |          |                  |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD                                  |                                              |                                        |                                  |          |                  |           |             |              |
| HOLE SIZE                                                             | CASING & TUBING SIZE                         |                                        | DEPTH SET                        |          | SACKS CEMENT     |           |             |              |
| <b>12 1/4" hole - 17"</b>                                             | <b>13 3/8" casing</b>                        |                                        | <b>115'</b>                      |          | <b>150 sacks</b> |           |             |              |
| <b>10 5/8"</b>                                                        | <b>8 5/8" casing</b>                         |                                        | <b>1652</b>                      |          | <b>360 sacks</b> |           |             |              |
| <b>7 7/8"</b>                                                         | <b>5 1/2"</b>                                |                                        | <b>6309</b>                      |          | <b>200 sacks</b> |           |             |              |
|                                                                       | <b>2 3/8" tubing</b>                         |                                        | <b>6253</b>                      |          |                  |           |             |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

|                                                   |                                        |                                                              |                            |
|---------------------------------------------------|----------------------------------------|--------------------------------------------------------------|----------------------------|
| Date First New Oil Run To Tanks<br><b>7/22/66</b> | Date of Test<br><b>7/25/66 5:00 PM</b> | Producing Method (Flow, pump, gas lift, etc.)<br><b>Flow</b> |                            |
| Length of Test<br><b>24 hr.</b>                   | Tubing Pressure<br><b>1100</b>         | Casing Pressure<br><b>700</b>                                | Choke Size<br><b>12/64</b> |
| Actual Prod. During Test<br><b>368</b>            | Oil-Bbls.<br><b>368</b>                | Water-Bbls.<br><b>no</b>                                     | Gas-MCF<br><b>384 MCF</b>  |

GAS WELL

|                                  |                 |                       |                       |
|----------------------------------|-----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test  | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure       | Choke Size            |

VI. CERTIFICATE OF COMPLIANCE

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.

**W. B. Hoggatt**  
(Signature) **V. E. Hoggatt**  
**Production Foreman**  
(Title)  
**7/27/66**  
(Date)

APPROVED \_\_\_\_\_, 19  
BY **Arthur Benedict**  
TITLE **PETROLEUM ENGINEER DIST. NO. 3**

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 Sections I, II, III, and VI only 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 completed wells.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R4424.

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back or to change casing.  
Use "APPLICATION FOR PERMIT—" for such proposals.)1. OIL WELL ☐ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface660' East of West line and 660' North of South line  
Sec 9-T26N-R18W San Juan County, New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

G 5750'

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) 7/16-7/22/66 Weekly Drilg. Rept. X  
(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

## SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

7/15/66 Ran 197 jt 5 1/2" 14 & 15 1/2 casing. Cemented at 6309' in 7 7/8" hole w/200 sac "C" cement containing 7% of salt per sack. Job finished at 2:00 p.m. 7/15/66 WOC. Cut off 5 1/2 casing and nipples up Christmas Tree. Released rig at 6:00 p.m. 7/15/66.

7/16, 17, 18/66 Moved in workover unit, rigged up and ran in hole w/4-3/4" bit on 2-3/8" tubing - preparing to drill out cement.

7/10/66 Drilled out cement to 6309' (casing shoe) Ran PGAC Bond log, G-R neutron correlation log. Bond log showed good cement bond. Started in hole w/tubing.

7/20/66 TD 6309' Ran tubing to bottom and circulated hole w/11# per gal calcium chloride water

7/21/66 Pulled tubing. Ran back in hole w/RTTS packer on tubing set packer at 6253' Made 12 runs w/swab when bypass on packer opened. Reset packer and resumed swabbing.

7/22/66 TD 6309'. Overnight shut in pressure 500#. Bled pressure to 0# in 20 minutes. Fluid level at 4000' 80% oil & 20% water. Swabbed to 6000# had fair gas show, no fluid entry. Filled tubing to 2500' from surface w/11# per gal CaCl2 water, perforated interval 6300-06' w/2 jets per ft. Swabbed to 6000'. Had good gas increase.

18. I hereby certify that the foregoing is true and correct

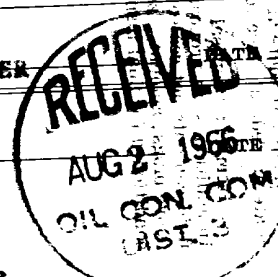
Original Signed By  
SIGNED J. M. McLaughlin

TITLE PRODUCING MANAGER

(This space for Federal office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE



7/26/66

\*See Instructions on Reverse Side

## Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 5: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site abandoned for final inspection looking to approval of the abandonment.

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