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LAND OFFICE	
TRANSPORTER	OIL 1 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:
Dry Gas ☐ Other (Please explain) **From Inland Corp.**
Recompletion ☐ Oil ☒ Effective date **9/1/66**
Change in ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name NAVAJO	Well No. 1	Pool Name, Including Formation Tocito Dome Penn.	Kind of Lease State, Federal or Fee Federal
Location Unit Letter M ; 660 Feet From The south Line and 660 Feet From The west Line of Section 9 , Township 26 north Range 18 west , NMPM, San Juan 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"/> Four Corners Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box # 1588, Farmington, New Mexico					
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, give location of tanks. M	Unit 9	Sec. 26N	Twp. 18W	Rge. No	Is gas actually connected? No	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) X	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6/18/66	Date Compl. Ready to Prod. 7/22/66	Total Depth 6309	F.B.T.D. 6309					
Pool Tocito Dome	Name of Producing Formation Penn.	Top Oil/Gas Pay 6302 to 6308	Tubing Depth 6253					
Perforations 6302 to 6308 - 2 shots per foot (total 12 shots)			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4" hole R-17"	13 3/8" casing	115'	150 sacks					
10 5/8"	8 5/8"	1652'	360 sacks					
7 7/8"	5 1/2"	6309'	200 sacks					
	2 3/8" tubing	6253	--					

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 7/22/66	Date of Test 7/25/66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr.	Tubing Pressure 1100	Casing Pressure 700	Choke Size 12/64
Actual Prod. During Test 368	Oil-Bbls. 368 bbls.	Water-Bbls. none	368 MCF

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.

Production Foreman

August 31, 1966

W. B. Hoggatt
(Signature) **W. B. Hoggatt**

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 30 1966** 19

BY **Mike Hendrick**

TITLE **PETROLEUM ENGINEER DIST. NO. 9**

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 multiple completed wells.