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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
P.O. BOX 1652, CASPER, WY. Zip code 82601
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)
Effective date 9/17/67

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	Lease No.
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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> MOBIL OIL CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1652, CASPER, WY.	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 9
	Twp. 26 N	Rge. 18 W
	Is gas actually connected? YES When 9/17/67	

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 6/18/66	Date Compl. Ready to Prod. 7/22/66	Total Depth 6309	P.B.T.D. 6309					
Elevations (DF, RKB, RT, GR, etc.) GR 5750	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 6309							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2" 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 hrs.	Tubing Pressure 1100#	Casing Pressure 700#	Choke Size 12/64
Actual Prod. During Test 368 bbl.	Oil - Bbls. 368 bbls.	Water - Bbls. none	Gas - MCF 384 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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)
W.B. HOGGATT, PRODUCTION FOREMAN
(Title)

11/9/67

(Date)

OIL CONSERVATION COMMISSION
NOV 9 1967

APPROVED
BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR DIST #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 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 multiple completed wells.

