NO. OF COPIES RECEIVED		1	
DISTRIBUTION			
SANTA FE		1	
FILE		1	
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL	1	
TRANSFORTER	GAS	(	
OPERATOR		3	
PRORATION OF	FICE		
Operator			

	DISTRIBUTION  SANTA FE	1	CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
1.	U.S.G.S.  LAND OFFICE  TRANSPORTER OIL   GAS (  OPERATOR   3  PRORATION OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS		
••	Operator MOBIL OIL CORPORATION					
	Address  Box 1652 Casper, Whyoming  Reason(s) for filing (Check proper box)  New Well Change in Transporter of:					
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conden	<b>                                    </b>	11/26/66		
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
	H. K. Riddle	1 Basin Dakota	l l	or Fee Federal		
	Unit Letter M; 560	reet Flom TheEm		The South		
	Line of Section 7 To	wnship 27 N Range 1	2 W , NMPM, San Ju	an County		
III.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approx	ed copy of this form is to be sent)		
	ROCK ISLAND OIL & REFINNING INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas X		321 West Douglas, Wichita, Kansas Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico			
	El Paso Natural Gas Co  If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe			
	give location of tanks.  If this production is commingled wi	th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.		
	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		OD ALLOWARIE (T		and must be equal to or excession allow-		
V.	TEST DATA AND REQUEST FOIL WELL	able for this de	epth or be for full 24 hours)	COLITA		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	/RLULIVED \		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Sze NOV 28 1966		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MC OIL CON. COM.  OIL CON. 3		
	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.	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		OIL CONSERVATION COMMISSION			
			Original Signed by Effety C. Afficia			
above is true and complete to the best of my knowledge and belief.		SUPERVISOR DIST. #3				
	W. B. Hoggatt, Production Foreman  11/26/66  (Page)		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 allow able 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 completed wells.