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DISTRIBUTION SANTA FE /		OIL COUSERVATION COMMISSION UEST FOR ALLOWABLE	Form C-104 Supersedes Old C-104 an Effective 1-1-65
U.S.G.S. LAND OFFICE	AUTHORIZATION T	AND O TRANSPORT OIL AND NATURA	
OPERATOR 2 PRORATION OFFICE	-		
Cperator SHERMAN F. WAGENSELL	.ER		· · · · · · · · · · · · · · · · · · ·
	vd, Los Angeles, Cali		
Reason(s) for filing (Check proper be New Well Recompletion Change in Ownership	Change in Transporter cf: Oil Casinghead Gas	Other (Please explain) Dry Gas Condensate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND Lease Name		Pool Name, Including Formation	Kind of Lease
Mobil Apache	12	South Blanco PC	State, Federal or Fee
1 -	1800 Feet From The N	Line and 1850 Feet F	rom The
Line o: Section 12 , 1	Township 23N Rar	nge 3W , NMPM, R	io Arriba Con
Name of Authorized Transporter of C El Peso Natural Gas If well produces oil or liquids, give location of tanks.	Company	Fernington, New New Rige. Is gas actually connected?	pproved copy of this form is to be sent)
If this pro luction is commingled to COMPLITION DATA	with that from any other lease o	r pool, give commingling order number:	
Designate Type of Complete	. /375	Well New Well Workover Deeper X Total Depth	n Plug Back Same Res'v. Diff. I
9-30-66	11-3-67	3187	3187 Tubing Depth
South Blanco	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3118	3130
Perforations 3118 - 313	2		Depth Casing Shoe
HOLE SIZE	TUBING, CASIN	G, AND CEMENTING RECORD ZE DEPTH SET	SACKS CEMENT
11	8 5/8	100	60 sxs circ.
7 7/8	4 1/2 2 3/8	3187 3130 tuking	106 sxs
. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test mi able for	ust be after recovery of total volume of load this depth or be for full 24 hours)	l oil and must be equal to or exceed top
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas-MOF ML 8 1961
GAS WELL			- Jalk riste
Actual Prod. Test-MCF/D	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Candensate
Testing Method (pitot, back pr.) Choke	Tubing Pressure	Casing Pressure	Choke Size
. CERTIFICATE OF COMPLIA		OIL CONSER	RVATION COMMISSION
I hereby certify that the rules an Commission have been complied above is true and complete to	f with and that the information	vation APPROVED Original Signed by	y Emery C. Arnold 19

Original Signed by MORRIS B. JONES

(Date)

Morris B. Jones, Engineer

11-27-67

DISERVATION COMMISSION FOR ALLOWABLE AND

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

Plug Back | Same Res'v. Diff. Res'v.

County

Producing Method (Flow, pump, gas li	ft, etc.)	
Casing Pressure	Choke Size	
Water-Bbls.	Gas-MOF 196	
	NOV SON. COM.	
Bbls. Condensate/MMCF	Gravity of Candensate	
Casing Pressure	Choke Size	
315	3/4" THC	
, , ,	ATION COMMISSION V 20 190	
Original Signed by E	mery C. Arnold	
TITLE SUPERVIS	OR DIST. #3	
If this is a request for allowell, this form must be accompatests taken on the well in accompa		
All sections of this form mu able on new and recompleted we	ast be filled out completely for allow- ells.	
Fill out Sections I, II, III, well name or number, or transpor	and VI only for changes of owner, ter, or other such change of condition.	
Separate Forms C-104 mus completed wells.	t be filed for each pool in multiply	