

Oil Conservation Commission  
Form No. 1  
1973

**Section I: Lessee**  
 Name: Mobil Oil Corporation  
 Address: Box 933, Midland, Texas  
 (Check one)  New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Other (Please explain)

If change of ownership give name and address of previous owner \_\_\_\_\_

**Section II: DESCRIPTION OF WELL AND LEASE**

Well Name: Cheney Federal Well No.: 3 Prod. Name, Including Formation: Blanca Mesquite Kind of Lease: Federal Lease No.: \_\_\_\_\_  
 Location: Unit Letter: B : 790 Feet From The North Line and 1850 Feet From The East Line  
 Line of Section: 17 Township: 26-N Range: 2-W NMPM: Rio Arriba County: \_\_\_\_\_

**Section III: DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil: Platac, Inc. or Condensate:  Address (Give address to which approved copy of this form is to be sent): Box 128, Farmington, N.M. 87401  
 Name of Authorized Transporter of Casinghead Gas: \_\_\_\_\_ or Dry Gas:  Address (Give address to which approved copy of this form is to be sent): 501 Airport Dr., Farmington, N. M. 87401  
 If well produces oil or liquids, give location of tanks: \_\_\_\_\_ Unit: B Sec: 17 Twp: 26-N Rge: 2-W Is gas naturally connected? Yes When: \_\_\_\_\_

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

**Section IV: COMPLETION DATA**

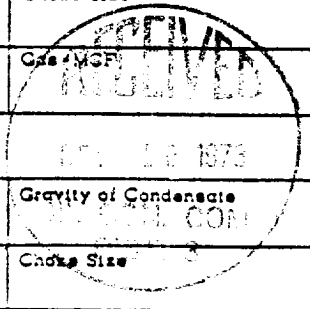
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RAD, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

**Section 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)

**OIL WELL**  
 Date First New Oil Run To Tanks: \_\_\_\_\_ Date of Test: \_\_\_\_\_ Producing Method (Slow, pump, gas lift, etc.): \_\_\_\_\_  
 Length of Test: \_\_\_\_\_ Tubing Pressure: \_\_\_\_\_ Casing Pressure: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
 Actual Prod. During Test: \_\_\_\_\_ Oil-Bbls.: \_\_\_\_\_ Water-Bbls.: \_\_\_\_\_ Gas/MCF: \_\_\_\_\_

**GAS WELL**  
 Actual Prod. Test-MCF/D: \_\_\_\_\_ Length of Test: \_\_\_\_\_ Bbls. Condensate/MMCF: \_\_\_\_\_ Gravity of Condensate: \_\_\_\_\_  
 Testing Method (pilot, back pr.): \_\_\_\_\_ Tubing Pressure (Shut-in): \_\_\_\_\_ Casing Pressure (Shut-in): \_\_\_\_\_ Choke Size: \_\_\_\_\_



**Section 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.

[Signature]  
 Authorized Agent  
 Date: 12-4-73

**OIL CONSERVATION COMMISSION**  
 APPROVED FEB 7 1974  
 BY [Signature]  
 TITLE \_\_\_\_\_

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 deviated 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-1's must be filed for each pool in multi-