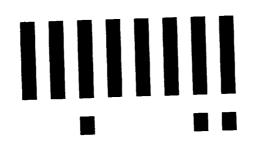
40. OF COPIES REC	15		
DISTRIBUTI		\Box	
SANTA FE	1	\Box	
FILE	17		
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		-7.	

-110

SANTA FE		HEW MEXICO OF	L CONSERVATION COM	MISSION	Form C - 1 04	Form C-104		
FILE	REQUEST FOR ALLOWABLE AND				Supersedes O	ld C-104 and C		
U.S.G.S.		AUTUODITATION TO T	Effective 1-1-65					
LAND OFFICE		AUTHORIZATION TO T	RANSPORT OIL AND	NATURAL	GAS			
TRANSPORTER OIL								
GAS	7_							
OPERATOR	7							
. PRORATION OFFICE					•			
Operator Mah 4.1 Days 1 - 4	_		· · · · · · · · · · · · · · · · · · ·					
Address	Texas	& New Mexico Inc.						
- T								
Beccelo Vertiller (C)	, Sult	te 2700, Houston, TX	77046					
Reason(s) for filing (Check pr	oper box)		Other (Pleas	e explain)				
		Change in Transporter of:	_ To cha	inge Oper	ator name from 1	Mobil Oil		
Recompletion			Gas Corpor	ation.				
Change in Ownership		Casinghead Gas Con	densate (Effectiv	e Date: 1-1-198	80)		
If change of ownership give	name		· · · · · · · · · · · · · · · · · · ·					
and address of previous own	er							
I. DESCRIPTION OF WELL	AND L							
Ŧ.		Well No. Pool Name, Including		Kind of Leas	10	Lease No.		
Jicarilla E		4 Blanco	Mesa Verde	State, Feder	or Fee Federal			
Location						-1		
Unit Letter M :	990	Feet From The South	_ine and990	Feet From	The West			
			 					
Line of Section 11	Towns	ship 27N Range	3W , NMPM	١,	Rio Arri	ba County		
						Da county		
I. DESIGNATION OF TRAN	SPORTE	ER OF OIL AND NATURAL O						
Name of Authorized Transporte	r of O11 [or Condensate	Address (Give address	to which appro	ved copy of this form is to	be sent)		
NONE								
Name of Authorized Transporte		nghead Gas or Dry Gas	Address (Give address	to which appro	ved copy of this form is to	be sent)		
Northwest Pipeline	Corp		3539 E. 3	RAth St	Farmington, NM	97/01		
If well produces oil or liquids,	רַט	Unit Sec. Twp. Rge.	Is gas actually connecte	ed? Wh	en Tarmington NM	0/401		
give location of tanks.	<u> </u>		YES	ı				
If this production is comming	led with	that from any other lease or pool	l. give commingling order	number		· .		
. COMPLETION DATA			., give comminging order	number:				
Designate Type of Con	-1-+:	Oli Well Gas Well	New Well Workover	Deepen	Plug Back Same Res'	v. Diff. Restv.		
Designate Type of Con	pierion	= (X)				1		
Date Spudded	D	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR,	etc.; N	Jame of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
		TUBING, CASING, AN	O CEMENTING RECOR	D				
HOLE SIZE		CASING & TUBING SIZE	DEPTH SE	T	SACKS CEMENT			
·								
					· · · · · · · · · · · · · · · · · · ·			
					†			
TEST DATA AND REQUE	ST FOR	ALLOWABLE (Test must be	after recovery of total volum	a of load oil o	and must be sevel to so on			
OIL WELL		able for this d	epth or be for full 24 hours)	ing must be equal to or ex-	case tob ettom-		
Date First New Oil Run To Tan	Do	ate of Test	Producing Method (Flow,	pump, gas lif	i, etc.)			
Length of Test	Tu	ubing Pressure	Casing Pressure	 -	Choke Size	-		
	Ì							
Actual Prod. During Test O		il-Bbis.	Water - Bble.		Gas-MCF			
1	-					1		
					<u> </u>			
GAS WELL								
Actual Prod. Test-MCF/D	L.	ength of Test	Bbls. Condensate/MMCF		Gravity of Condensate	1		
						$\cdot \cdot \cdot / \mid$		
Testing Method (pitot, back pr.)	Tu	ibing Pressure (Shut-in)	Casing Pressure (Shut-	in)	Choke Size			
		,		Í				
CERTIFICATE OF COMPL	IANCE		011 6	0NSEDV4	F1011 CO14 4 CO10 1			
CERTIFICATE OF COMPI	IANCE		OILC	JNSERVA	TION COMMISSION			
P. Sarahii aasifii ahaa aha aslaa		destruction of the Ott O	APPROVED	150	19/9 , 19	a		
Commission have been compl	and regul	lations of the Oil Conservation and that the information given	[]					
above is true and complete t	o the bei	st of my knowledge and belief.	BY	1 3 1 20	L. To Forders			
			TITLE SI	IDEBAIGUB UIS.	TRICT # 3			
			TITLE	TEVATORY DIS				
n	_		This form is to t	e filed in co	empliance with RULE 1	1104.		
Yorku	Gerky nowinder				ble for a newly drilled			
	(Signature	1	well, this form must	be accompani	led by a tabulation of t			
Authori	zed Ac	zent	1		ence with RULE 111.			
	(Title)		All sections of the	his form must	be filled out complete is.	ly for allow-		
October	. 31 1	1979	11		III, and VI for change	as of owner		
3020001	(Date)				or other such change			

well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply







Job separation sheet

DISTRICT | P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

See Instructions M Bottom of Page

DD. Artesia, NM \$8210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410			_		BLE AND			N				
I. TO TRANSPORT OIL A						TORAL		ell API No.				
Mobil Producing TX. & N.M.	Inc., Thr	u its Ag	ent M	lobil Exp	i. & Prod.	U.s. Inc						
P.O. Box 633 Midland, T	'exas 75	9702										
Reason(s) for Filing (Check proper box)					Ou	ver (Please ex	plain)					
New Well	Change is Transporter of:							DENSATE GA				
Recompletion	Oil	<u>×</u>			W	ILLIAMS I	ENERGY C	OPR. EFFEC	TIVE 6-1-	.90		
Change in Operator	Casinghea	d Gas 🔲	Conde	nente 📗								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LEASE							Jecarella				
Lasse Name	Well No. Pool Name, Including Formation					ol/of Lease se, Federal or Fe		ease No.				
Jicarilla E	l	4	LBla	anco l	Mesa Ve	rde		e, receib of re				
Location		_										
Unit Letter M	_ : <u>99</u>	0	Foot Fr	om The	<u>S Lie</u>	e and99	0	Feet From The .	W	Line		
Section 1 1 Township	27N		Range	3W	, N	MPM,	Rio A	rriba		County		
III. DESIGNATION OF TRAN	SPORTE			D NATU	RAL GAS							
Name of Authorized Transporter of Oil					Address (Give address to which approved copy of this form is to be sent)							
Gary-Williams Energ	y Cor	·						Ste 5300				
Name of Authorized Transporter of Casing				Cas 🔀	1			nd copy of this f		•		
Northwest Pipeline				1 2				alt Lake	City,	UT 8411		
If well produces oil or liquids, pive location of tanks.	<u> </u>	i	Twp	Rge	L			es ? 		·		
If this production is commingled with that f	from any other	er lease or p	pool, giv	e comming	ling order num	ber:						
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deeper	Plus Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	I wen	Ι,	A.		1	244	1 1108 2202				
Date Spudded	Date Comp	. Ready to	Prod.		Total Depth	<u> </u>		P.B.T.D.	-	· ************************************		
					Top Oil/Gas Pay			7.11.5				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			1.00 0.000	,		Tubing Depth						
Performicos	<u>. </u>				<u> </u>			Depth Casin	g Shoe			
					CEMENTI			1	ACKE CEME	LIT		
HOLE SIZE	UAS	ING & TU	BING 3	ILE	DEPTH SET			SACKS CEMENT				
							· · · · ·	- 				
								- 				
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE									
OIL WELL (Test must be after re	covery of lot	al volume o	of load o	il and must	be equal to or	exceed top at	llowable for	this depth or be f	or full 24 hour	's.)		
Date First New Oil Run To Tank	Date of Test	l .			Producing Me	shod (Flow, p	oump, gas lift	i, eic.)				
					C 2			Choke Size				
Length of Test	Tubing Pres	ance			Casing Pressu	(CO)		Giore 3				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis			Gas- MCF				
						<u> </u>	12 2 10	نا يا				
GAS WELL						OIL		DIV.				
Actual Prod. Test - MCF/D	Leagth of T	esi			Bbis. Conden	MMCF	0651 a	Gravity of C	ondensate			
Testing Method (pilot, back pr.)	Tubing Pres	aure (Shut-	í a)		Casing Pressu	ire (Shut-ia)	•	Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	COMPI	LIAN	CE								
I hereby certify that the rules and regular					(JIL CO	NSER\	VATION I	JIVISIO	'n		
Division have been complied with and the	hat the inform	nation give						JUN 1	1990			
is true and complete to the best of my ki	nowledge and	d belief.			Date	Approve	ed	0014 1 1				
1. 1 , 11						FF. 7	_		1) /			
- ilumaye uv.					By_		3.	ر المن المن	though			
Signature () SHIRLEY TOOD	بران الماريخ المركزة	i, ryntanktion Calendaria	N & PRODU Phoneoni		-, -		SUP	ERVISOR	DISTRICT	· # 3		
Printed Name 6-8-90	1	(915)688	Title 8-258	15	Title.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Senarate Form C-104 must be filed for each nool in multiply completed wells.