

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		2
PRORATION OFFICE		

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.B. 1652, CASPER, WYOMING 82601	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
JICARILLA "G"	9	GAVILAN-PICTURED CLIFFS	JICARILLA State, Federal or Fee INDIAN	95
Location				
Unit Letter	"P"	990 Feet From The	SOUTH	Line and 990 Feet From The
Line of Section	35	Township	27N	Range 3W, NMFM, RIO ARRIBA
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS COMPANY				BOX 990 FARMINGTON, NEW MEXICO
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected? When
				NO

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11-10-68	4-29-69		3868'		3828'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
GR. 7121' RKB 7134'	PICTURED CLIFFS		3716'		3791'			
Perforations					Depth Casing Shoe			
3716'-36', 3744'-48', 3764'-67', 3780'-96'					250'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9"	7"		250'		75 sacks			
6 1/4"	3 1/2"		3866'		50 sacks			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be conducted at exposed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, 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
4-29-69 (CAUF 1256)	3 hours	None	
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
PROVER	705#	706#	3/4"

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.

J. R. Puckett
(Signature) J. R. PUCKETT
PRODUCING SUPERINTENDENT
(Title)
APRIL 30, 1969
(Date)

OIL CONSERVATION COMMISSION

MAY 23 1969

APPROVED _____, 19
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3
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 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 multiply