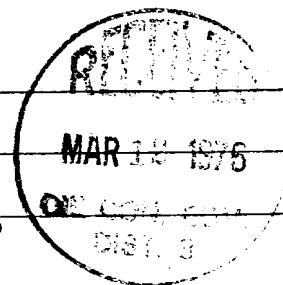


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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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



I. Operator Mobil Oil Corporation
Address P. O. Box 633, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) _____

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarillo "G"</u>	Well No. <u>3A</u>	Pool Name, including Formation <u>Blanco Mesa Verde</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>Jicarillo</u>
Location Unit Letter <u>D</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>27-N</u> Range <u>3-W</u> , NMPM, <u>Rio Arriba</u> County _____			Contract <u>#95</u>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Plateau, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 108, Farmington, NM 87401</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Northwest Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>501 Airport Drive, Farmington NM 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>35</u>	Twp. <u>27</u>	Rge. <u>3-W</u>	Is gas actually connected? <u>No</u>	When <u>Wait on Gas Connection</u>

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 Resrv.	Diff. Resrv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>1-11-76</u>	Date Compl. Ready to Prod. <u>2-13-76</u>		Total Depth <u>6350</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>7304 GR</u>	Name of Producing Formation <u>Mesa Verde</u>		Top Oil/Gas Pay <u>5142</u>		Tubing Depth <u>6211</u>			
Perforations <u>See Attached</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4</u>	<u>8-5/8</u>		<u>333</u>		<u>225</u>			
<u>7-7/8</u>	<u>4-1/2</u>		<u>6350</u>		<u>1800</u>			

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)

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 <u>1462</u>	Length of Test <u>3</u>	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (<u>Shut-in</u>) <u>1142</u>	Casing Pressure (<u>Shut-in</u>) <u>1211</u>	Choke Size <u>48/64</u>

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.

Christine O. Tucker
(Signature)

AUTHORIZED AGENT
(Title)

3-10-76
(Date)

OIL CONSERVATION COMMISSION
MAR 12 1976
APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR TEST #1

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-

Perforation

6078, 80, 82, 84, 86, 88, 90, 6114, 16, 18, 20, 22, 24, 26, 28, 34, 36, 38, 44, 46, 48, 66, 68, 6206, 08 & 6210 w/1 JSPF, total of 26 holes.

5882, 84, 86, 88, 90, 5958, 60, 62, 64, 66, 68, 82, 84, 86, 88, 90, & 5992 w/1 JSPF, total of 17 holes.

5742, 44, 46, 59, 61, 65, 67, 69, 71, 73, 79, 81, 83, 85, 5812, 14, 16, 18, 20, 22, 24, & 5826 w/1 JSPF, total of 22 holes.

