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SANTA FE					
FILE				Г	
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	Τ			
THE STATE OF THE S	GAS	Ι			
OPERATOR					
PRORATION OFFICE					
Operator					
Mobil Producing TX. &					

(Title) May 10, 1982 (Date)

	SANTA FE	NEW MEXICO OIL	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE					
	FILE U.S.G.S.		AND	Supersedes Old C-104 and C-1. Effective 1-1-65				
	LAND OFFICE	AUTHORIZATION TO TI	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	1011							
	TRANSPORTER GAS							
	OPERATOR							
1.	PRORATION OFFICE			•				
	Operator Web 41 December 1997	C 37 34 T						
	Mobil Producing TX.	& N.M. Inc.						
	l l	Nine Greenway Plaza, Suite 2700, Houston, Texas 77046						
	Reason(s) for filing (Check proper t		Other (Please explain)					
	New Well	Change in Transporter of:	omet (a seese explain)					
	Recompletion	Oil Dry	Gas 🔲	•				
	Change in Ownership	Casinghead Gas Cond	densate 🔲					
	If change of ownership give name							
	and address of previous owner							
**	DESCRIPTION OF WELL AN	D 1 F 4 6 F						
Ц.	DESCRIPTION OF WELL AN	Well No. Pool Name, Including	Formation Kind of L	egse				
	Jicarilla E	6 Blanco Mesav	1	Lease No.				
	Location	o planco nesav	verde das	deral of Fee Federal 09-000089				
	Unit Letter D ; 99	90 Feet From The North L	ine and 990 Feet Fr	rom The West				
			reet / r	om The West				
	Line of Section 13	Township 27N Range	3W , NMPM, Rio	Arriba County				
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS					
	Plateau, Inc.	or Condensate X	1	oproved copy of this form is to be sent)				
	_	Casinghead Gas or Dry Gas X	Box 108, Farmington,	NM 87401 oproved copy of this form is to be sent)				
	Northwest Pipeline Co	-	;					
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	3539 E. 30 St., Farm	When				
	give location of tanks.							
	If this production is commissed a	with that from any other lease or pool	give commingling order numbers					
	COMPLETION DATA	and from any other fease of poor	, give comminging order number:					
	Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	0 /1	X	X					
	Date Spudded 2-8-82	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	4-20-82 Name of Producing Formation	6100	6060				
	7012 (GR)	[Top Oil/Gas Pay	Tubing Depth				
	Perforations	Blanco Mesaverde	5508	5805 Depth Casing Shoe				
	Point Lookout 5854-6021, Cliffhouse 5508-5568, Menefee 5576-5765							
	TUBING, CASING, AND CEMENTING RECORD							
i	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	12-1/4	8-5/8	361	250				
	7-7/8	5-1/2	6100	1700				
		23/8	5805					
ł			<u>i</u>					
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for the death or he for full 34 housest							
i	OII, WELL Date of Test New Oil Run To Tanks Date of Test Producing Method (Plass First New Oil Run To Tanks)							
			VIT. IYO	ED.Z.				
ł	Length of Teet	Tubing Pressure	Casing Pressure	Choke Size				
			Water-Bbie. MAY 13	1982				
Γ	Actual Prod. During Teet	Oil-Bbls.	Water-Bbie.	COM: CF				
Į			OIL COM.	3				
	DN.O							
Г	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate				
	330 MCF/3 hrs.	1- '	Bbis. Condensate/MMCF	1				
ŀ	Testing Method (pitot, back pr.)	3 hrs. Tubing Pressure(Shut-in)	Casing Pressure (Shut-in)	Choke Size				
1	Back Pressure	1649	1	3/4				
VI A	CERTIFICATE OF COMPLIAN		1651	VATION COMMISSION				
¥ I. (CERTIFICATE OF COMPLIAN	ICE	UIL CONSER	2 100 COMMISSION				
,	hereby certify that the rules and regulations of the Oil Conservation		APPROVED MAY 20	8 1982				
	Commission have been complied	with and that the information given	i,	T. CHAVEZ				
above is true and complete to the best of my knowledge and beli		e best of my knowledge and belief.	11					
			TITLE TOR DISTRICT #3					
			11					
	Janla a. Collins		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
-	(Sign	nature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
Authorized Agent				cordance 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