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DISTRIBUTION SANTA FE		CONSERVATION COMMISSIC	Supersedes Old C-104 and C-
U.S.G.S. LAND OFFICE	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATI	Effective 1-1-65 URAL GAS
OPERATOR PRORATION OFFICE			
Mobil Producing Texas	& New Mexico Inc.		
9 Greenway Plaza, Sui		7046	
Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry G Casinghead Gas Conde	⊶ ∐ Corporatio	Operator name from Mobil Oil
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including F	ormation Kind	of Lease No.
Jicarilla G	7-A Blanco M	esa Verde State	, Federal or Fee Federal
Unit Letter D ; 990	Feet From The North Lin	990 Fee	et From The
Line of Section 36 Tow	mship 27-N Range	3-W , NMPM,	Rio Arriba _{County}
I. DESIGNATION OF TRANSPORT			ch approved copy of this form is to be sent)
Plateau, Inc.		Box 108 Farm	ington, NM 87401
Name of Authorized Transporter of Cast Northwest Pipeline Compa	<u> </u>		sh approved copy of this form is to be sent) St, Farmington, NM 87401
If well produces oil or liquids,	Unit Sec. Twp. P.ge. D 36 27N 3W	is gas actually connected? YES	When 4-9-76
If this production is commingled with COMPLETION DATA			
Designate Type of Completion	n — (X) Oil Well Gas Well	New Well Workover Dec	epen Plug Back Same Restv. Diff. Restv
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	< 1 - 4. 2 2 ing 24/		Depth Casing Shoe
Top West		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Oil Civi	= W = 2 '' ION		
V. TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a	 fter recovery of total volume of it pth or be for full 24 hours	load oil and must be equal to or exceed top allou
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	p, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF 0CT 29 1979
GAS WELL			OIL CON. COM.
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensat DIST. 3
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
L CERTIFICATE OF COMPLIANC	E	OIL CONS	ERVATION COMMISSION
I hereby certify that the rules and re Commission have been complied wi above is true and complete to the	th and that the information given	APPROVED	igned by FRANK T. CHAVEZ

VI.

Authorized A

October 31, (Date)

DEPUTY OIL & GAS INSPECTOR, DIST. #3 This form is to be filed in compliance with RULE 1104.

If this is a request for silowable for a newly drilled or despende 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