NO. OF COPIES REC	15		
DISTRIBUTE			
SANTA FE	1		
FILE		7	
U.S.G.S.	Ľ		
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR	2		

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE			REQUEST		LOWABLE		Si	upersedes Old ( liective 1-1-65	C-104 and C-110	
	U.S.G.S.		A 1 17 1 12		AND				1-1-63		
	LAND OFFICE		AUTHO	DRIZATION TO TRA	אטרטא	OIL AND N	ATURAL G	AS			
	TRANSPORTER OIL										
	GAS /										
	OPERATOR 2	_									
1.	PRORATION OFFICE										
	Mobil Producing Texas & New Mexico Inc.									·	
	Address										
	9 Greenway Plaza, Suite 2700, Houston, TX 77046										
	Reason(s) for filing (Check proper	Other (Please explain)									
	New Well Change in Transporter of: To						ge Opera	tor nam	ne from Mo	bil Oil	
	Recompletion		011	Dry Gas	=	Corpora					
	Change in Ownership Casinghead Gas Conde					(Effective Date: 1-1-1980)					
	If change of ownership give name	e									
	and address of previous owner										
11.	DESCRIPTION OF WELL AN	D LE	ASE								
	Lease Name		Well No.	Pool Name, Including Fo	rmation	1	Kind of Lease			Lease No.	
	Jicarilla B		5	Tapacito Pictu	red Cl	iffs	State, Federa	or Fee	Federal		
	Location A 9	990		Nonth		990			T-c+		
	Unit Letter;	,,,,,	Feet Fro	om The North Line	• and		Feet From 1	`he	East		
	Line of Section 20	Towns	hin	26-N Range	3-W	, NMPM.			Rio Arril	ba County	
	Cine of Section	104110	р			7				- County	
III.	DESIGNATION OF TRANSPO	RTE	R OF OIL	AND NATURAL GA	s						
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be vent)								be sent)		
	NONE	<u></u>									
	Name of Authorized Transporter of			or Dry GasyXX	Address		_	ed copy of this form is to be sent)			
	Northwest Pipeline Co		nit Sec	. Twp. Rge.	la gas ac	3539 E. 3		Farmington, NM 87401			
	If well produces oil or liquids, give location of tanks.	;	1	1	,,	YES	1				
	If this production is commingled		that from a	ay other lesse or pool	give com		number:			•	
IV.	COMPLETION DATA	with	tnat irom ar	ry other lease or poor,	Stae com	minging order	nomber.				
	Designate Type of Comple	etion		Oil Well Gas Well	New Well	Workover	Deepen	Plug Back	k Same Restv	Diff. Restv.	
							<del></del>		1	1	
	Date Spudded		ate Compl. 1	Ready to Prod.	Total De	ptn		P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.	l N	ame of Prod	ucing Formation	Top Oil/	Gas Pay		Tubing D	epth		
		"	•	•		•					
	Perforations				<del></del>			Depth Ca	sing Shoe		
									<del></del>		
		<del></del>		TUBING, CASING, AND	CEMEN			<del></del>			
	HOLE SIZE		CASING	& TUBING SIZE		DEPTH SE	<u> </u>	<u> </u>	SACKS CEME	NT	
	·										
						.,	······································				
			<del></del>					1			
V.	TEST DATA AND REQUEST	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 allow-									
OIL WELL able for this depth or on for just 24 hours)							·				
	Date First New Oil Run To Tanks	-	die of lest		Producin	d Merrica II 1021	pap, <b>5</b> 22,	.,,			
	Length of Test	1	ubing Press	we	Casing F	, Lessme		Choke Si	20		
	Actual Prod. During Test	C	il-Bbis.		Water - B	ble.		Gas-MCI	7	1	
					<u> </u>						
	GAS WELL Actual Prod. Test-MCF/D Length of Test				Bbis. Condensate/MMCF		Gravity of Condensate				
	Actual Prod. 1881-MCF/D	-	,61,4111 01 10					, A	V Dir		
	Testing Method (pitot, back pr.)	1	ubing Press	we (Shut-in)	Casing F	ressure (Shut-	in)	Choke St	20	ر کران	
								<u> </u>	* = 0		
VI.	CERTIFICATE OF COMPLIANCE							OMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVED OCT 29 1979, 19							
	above is true and complete to	ove is true and complete to the best of my knowledge and belief.				SUPPLIFIED A DISTRICT # 7					
						TITLE					
					l i		t - 611 - d 1		a mich mill F	1104	
	Becky Neujahr (rsignature)				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.						
	Authorized Agent (Title) October 31, 1979					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					ol in multiply		
				Sebatata Louis C-104 mast on titled for agent heat in members							