1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE Operator Mobil Producing Texas	AUTHORIZATION TO TRA	FOR ALLOY			
	Address 9 Greenway Plaza, Sui Reason(s) for filing (Check proper box, New We!! Recompletion Change in Ownership	ite 2700, Houston, TX 7	77			
11.	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name	LEASE Weil No.: Pool Name, including F	ormation			
	Featherstone Federal Location A 500	l Blanco Me	sa Verde			
	Unit Letter : Tow	waship 26-N Range	2-W			
	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas North West Pipe Line Co- If well produces oil or liquids, quive location of tanks. If this production is commingled wit COMPLETION DATA	or Condensate XX singhead Gas or Dry GasXX rp., System Unit Sec. Twp. Pge. A 19 26-N 2-W	Address (Give Box Pddress (Give 353 Is gas actuall Yes			
	Designate Type of Completio		Total Depth			
	Elevations (DF, RKB, RT, GR, etc.;	Name of Producing Formation	Top Oil/Gas			
	Perforations					
	HOLE SIZE	TUBING, CASING, AND	D			
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of able for this depth or be for full					
	Date First New Oil Run To Tanks	Date of Test	Producing Me			
	Length of Test	Tubing Pressure	Casing Press			
	Actual Prod. During Test	Oil-Bbls.	wd 55.5.			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condend			
}	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Press			
	CERTIFICATE OF COMPLIANO I hereby certify that the rules and re Commission have been complied w above is true and complete to the	APPROVE				

Bedy neuga

Authorized Agent

October 31, 1979 (Date)

NSERVATION COMMISSION OR ALLOWABLE AND

ISPORT OIL AND NATURAL GAS

Other (Please explain)

Corporation.

Kind of Lease

To change Operator name from Mobil Oil

(Effective Date: 1-1-1980)

State, Federal or Fee Federal

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Lease No.

Line	990	Feet From T	heN	orth				
	2-W , NMPM,			io Arrib	a County			
GA!				· · · · · · · · · · · · · · · · · · ·				
Address (Give address to which approved copy of this form is to be rent)								
	Box 108 Farmington, New Mexico 87401							
T:	Address (Give address to which approved copy of this form is to be sent)							
	3539 E. 30	th St, E	armingto	on, NM	87401			
	Is gas actually connected							
	Yes	İ						
l, give commingling order number: 2100								
1	New Well Warkover	Deepen	Plug Back	Same Restv.	Diff. Res'v.			
!) 	I L	! !	1				
	Total Depth		P.B.T.D.					
					1			
	Top Oil/Gas Pay	Top Oil/Gas Pay Tu		Tubing Depth				
_								
			Depth Casing Shoe					
ND	CEMENTING RECORD	*	·					
	DEPTH SET		SACKS CEMENT					
\dashv			1					
	·····							
		· ····	 	 				
dep	th or be for full 24 hours) Producing Method (Flow.)	pump, gas life	,					
	Casing Pressure		Choke Size					
	Water - Bbis.		Gas - MCF	ALLLI				
				OCT 29	1979			
	Bbls. Condensate/MMCF		Gravity	Macocon.	COM.			
	Casing Pressure (Shut-i	n)	Choke Size	Dia				
	OIL CO	NSERVA	TION CON	MISSION				
	0.2 00	ារ – ារ ។						
.	APPROVED	<u> </u>	<u> </u>	<u>979</u> , ,				
n	Original Signed by FRANK T. CHAVEZ							
	THE 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							