

AAD
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FIELD	1
LAND OFFICE	
TRANSPORTER	1
OPERATOR	1
REGISTRATION OFFICE	1

Operator
Mobil Oil Corporation

Address
Box 633, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "D"	Well No. (Do not Name, including Formation) 7	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter M ; 990 Feet From The South Line and 990 Feet From The West Line of Section 13 Township 26-N Range 3-W , NMPM, Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	Box 108, Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
North West Pipe Line Corp. System	501 Airport Dr., Farmington, N.M. 87401
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rse. M 13 26-N 3-W	is gas actually connected? <input checked="" type="checkbox"/> When

If this production is commingled with that from any other lease or pool, give commingling order number:

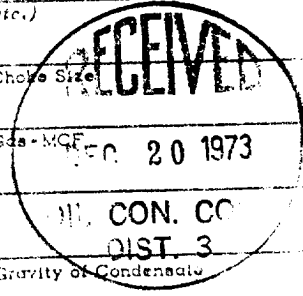
IV. COMPLETION DATA

Designate Type of Completion - (C)	Oil Well	Gas Well	New Well	Workover	Deepen.	Plug Back	Same Recv.	Diff. Recv.
Date Spudded	Date Complet. Ready to Prod.		Total Depth			P.B.T.D.		
Ellipticals (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 of hole 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	Length of Test	Eble. Condensate/MMCF	
Testing Method (pitot, back pr.)	Tubing Pressure (14.7-15.0)	Casing Pressure (5.0-10)	Choke Size



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.

[Signature]
Authorized Agent
12-4-73

OIL CONSERVATION COMMISSION

APPROVED **FEB 7 1974**

BY **A. R. Kendrick**
PETROLEUM ENGINEER DIST. NO. 3

TITLE _____

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 casing tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely to be allowable on new and recompleted wells.
 Fill out only sections I, II, III, and VI for change of well name or number, or transporter, cover each change of the appropriate Form 3-106 must be filed for a well to be