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	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR	NEW MEXICO OIL CO REQUEST F AUTHORIZATION TO TRAN	OR ALLOWABLE AND		Form C-104 Supersedes Old (Effective 1-1-65	C-104 and C-1	
1.	PRORATION OFFICE Operator	C New Manday To-					
	Mobil Producing Texas & New Mexico Inc. Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046 Reason(s) for filing (Check proper box) New Well Change in Transporter of: To change Operator name from Mobil Oil						
	Recompletion Change in Ownership	Oil Dry Gas Corporation. Casinghead Gas Condensate (Effective Date: 1-1-1980)					
'	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.	
	Cheney Federal	2 Gavilan Pictur		State, Federal or F	•• Federal		
	Location M 990 Feet From The South Line and 990 Feet From The West						
	Rio Arriba County						
	Line of Section 17 Township 20-11 Range 2 11 , Island,						
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate XXXX Address (Give address to which approved copy of this form is to be sent)						
	Plateau Inc., Box 108 Farmington, NM 67401						
	Name of Authorized Transporter of Casinghead Gas or Dry Gas XXXX Address (Give address to which approved copy of this form is to be sent) Northwest pipeline 3539 E. 30th St, Farmington, NM 87401						
	If well produces oil or liquids,	Twn. Rge. Is gas actually connected? When					
	give location of tanks.	1			ily abandone	id .	
IV.	If this production is commingled with COMPLETION DATA	Oil Well Gas Well	New Well Workover		ug Back Same Res	v. Diff. Res	
	Designate Type of Completic	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		De	epth Casing Shoe			
	TUBING, CASING, AND CEMENTING REC				SACKS CEM	AFNT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH	DEPTH SET			
			for a second of social to	lume of load ail and	must be equal to or	exceed top al	
V	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks One of Test Other Test must be after recovery of total volume of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Preseure		Choke Size		
	Actual Prod. During Test	Oil-Bhis	Water - Bbls.		Gas • MC		
	Actual Prod. During 1994				Toct 2	3 9 1979	
	GAS WELL				Gravity & Collegions 14. Cont.		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size		
w.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

October 31.

Agent

1979

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

Plug Back | Same Res'v. Diff. Res'v.

oil and must be equal to or exceed top allow-

Choke Size OCT 29 1979 Gravity of Edisentates DIST. 3 Choke Size RVATION COMMISSION OCT 29 1979 APPROVED. Original Signed by FRANK T. CHAVEZ BY. DEPUTY OIL I SAN HISPECTOR, DIST. 40 TITLE . This form is to be filed in compliance with MULE 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