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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Socony Mobil Oil Co., Inc.</b>				Lease <b>Jicarilla D</b>		Well No. <b>2</b>	
Unit Letter <b>A</b>	Section <b>14</b>	Township <b>26N</b>	Range <b>3W</b>	County <b>Rio Arriba</b>			
Pool <b>Blanco Mesaverte</b>				Kind of Lease (State, Fed Fee) <b>Fed. (Indian)</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>A</b>	Section <b>14</b>	Township <b>26N</b>	Range <b>3W</b>	
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/>  <b>La Mar Trucking, Inc.</b>				Address (give address to which approved copy of this form is to be sent)  <b>P. O. Box 1528, Farmington, New Mexico</b>			

INLAND CORPORATION PURCHASED ALL THE ASSETS  
 OF BOTH LOMAR TRUCKING, INC. AND INLAND CRUDE  
 INC. THIS PURCHASE INCLUDED N. M. S. C. C.  
 PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO  
 INLAND CORPORATION.

Gas Actually Connected? Yes <b>XX</b> No <input type="checkbox"/>	
Date Connected	Address (give address to which approved copy of this form is to be sent)

If gas is not being sold, give reasons and also explain its present disposition:  
**INLAND CORPORATION**

**REASON(S) FOR FILING (please check proper box)**

New Well <input type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	

Remarks



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

OIL CONSERVATION COMMISSION		By	
Approved by <b>Original Signed Emery C. Arnold</b>		<b>M. J. Meyer</b> <i>M. J. Meyer</i>	
Title <b>Supervisor Dist. # 3</b>		Title <b>Sr. Prod. Foreman</b>	
Date <b>MAR 20 1964</b>		Company <b>Socony Mobil Oil Co., Inc.</b>	
		Address <b>P. O. Box 778, Farmington, New Mexico</b>	

NO. OF COPIES RECEIVED	7
DISTRIBUTION	
SANTA FE	1
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TRANSPORTER	OIL 1
	GAS 1
OPERATOR	3
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator  
MOBIL OIL CORPORATION

Address  
Box 1652, Casper, Shyoming

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

Other (Please explain)  
Effective date 11/26/66

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla (B)	Well No. 2	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Fed. (Indian)	Lease No.
Location Unit Letter A ; 900 Feet From The North Line and 990 Feet From The East Line of Section 14 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"/> ROCK ISLAND OIL & REFINING INC.	Address (Give address to which approved copy of this form is to be sent) 321 West Douglas, Wichita, Kansas			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected? 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 - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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					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 allowable 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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

W. B. Hoggatt  
W. B. Hoggatt, Production Foreman  
11/26/66  
(Signature)  
(Title)  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED NOV 28 1966, 19  
BY Original Signed by Emery C. Arnold  
TITLE SUPERVISOR DIST. #3

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 completed wells.

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PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator  
MOBIL OIL CORPORATION  
Address  
Box 1652, Casper, Wyoming  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒ Other (Please explain)  
Effective date 11/26/66

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla	Well No. 2	Pool Name, Including Formation Gavilan Pictured Cliffs	Kind of Lease State, Federal or Fee Fed. (Indian)	Lease No.
Location Unit Letter A ; 900 Feet From The North Line and 900 Feet From The East Line of Section 14 Township 26 N Range 3 W , NMPM, Rio Arriba County				

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Is gas actually connected?	When			

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

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Elevations (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 allowable 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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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W. B. Hoggatt  
(Signature)  
W. B. Hoggatt, Production Foreman  
(Title)  
11/26/66  
(Date)

OIL CONSERVATION COMMISSION  
NOV 28 1966  
APPROVED  
BY Original Signed by Emery C. Arnold  
TITLE SUPERVISOR DIST. #3

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