İ	HO. OF COPIES RECE	5	1				
	DISTRIBUTIO)N					
	SANTA FE						
	FILE			7			
	U.S.G.S.						
	LAND OFFICE						
	TRANSPORTER	OIL	,				
		GAS					
1.	OPERATOR						
	PRORATION OFFICE						
-	Operator Mobil Producing Texas						
	Address						
	9 Greenway Plaza, Suit						
	Reason(s) for filing (Check proper box)						
	New Well						
	Recompletion						

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116				
	U.S.G.S.		AND	Effective 1-1-65				
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	AS				
	I RANSPORTER OIL							
	GAS /							
	PROPATION OFFICE	1						
Operator								
	Mobil Producing Texas	Mobil Producing Texas & New Mexico Inc.						
		te 2700. Houston, TX 7	7046					
9 Greenway Plaza, Suite 2700, Houston, TX 77046 Reason(s) for filing (Check proper box) Other (Please explain)								
	New Well	Change in Transporter of:		tor name from Mobil Oil				
	Recompletion Oil Dry Gas Corporation. Change in Ownership Casinghead Gas Condensate (Effective Date: 1-1-1980)							
			(Ellective	Date: 1-1-1980)				
If change of ownership give name and address of previous owner								
	DESCRIPTION OF WELL AND	LEACE						
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.				
	Jicarilla C	2 Blanco Me	esa Verde State, Federal	or Fee Federal				
	Location N 990	Feet From TheSouthin	. 1450	West				
	Unit Letter;	Feet From The SOULD Lin	e and Feet From T	he				
	Line of Section 7 Tow	vnship 26 Range	3-W , NMPM,	Rio Arriba _{County}				
•••	PERCENTAGE OF TRANSPORT	FED OF OUR AND NATURAL CA	c					
111.	Name of Authorized Transporter of Oil	rer of oil and natural ga □ or Condensate □	Address (Give address to which approv	ed copy of this form is to be vent)				
	NONE							
	Name of Authorized Transporter of Cas		Address (Give address to which approv					
	Northwest Pipeline Corp	Unit Sec. Twp. Rge.	3539 E. 30th St, Farmington, NM 87401					
	If well produces oil or liquids, give location of tanks.		Yes					
		th that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completion	on - (X)						
	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 FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a	and must be equal to or exceed top allow-				
OII. WELL able 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-Bbis.	Water - Bbls.	Gas - MCF				
	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				
• • •		OFF.	OU CONSERVA	TION COMMISSION				
VI.	ERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APPROVED 037 2 9 1979 19					
	I hereby certify that the rules and	egulations of the Oil Conservation	APPROVED US AS 13/3 19 19					
	Commission have been complied wabove is true and complete to the	with and that the information given best of my knowledge and belief.	BY Original Signed by FRANK T. CHAVEZ					
			DEPUTY OIL & GAS INSPECTOR, DIST #5					
			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.					
	Beaky	eujahr						
	▼	•						
	Authorized	Agent						
	October 31		Est out only Sections I II	III and VI for changes of owner,				
	(De	e a)	well name or number, or transports	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply				
			Separate Forms C-104 must be liked for each pool in multiply					