40. OF COPIES SECEIVED			5 1			
DISTRIBUTION				1		
SANTA FE				1		
FILE			_	ŀ		
U.S.G.S.				1		
LAND OFFICE						
TRANSPORTER	OIL	\Box		١		
	GAS			١		
OPERATOR						
PRORATION OFFICE				ı		
Operator Mobil Producing Texas						
Address 9 Greenway Plaza, Suit						
Reason(s) for filing (Check proper box)						
New Well	\Box					
Recompletion						
Change in Ownership						
				-		

1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE	REQUES	CONSERVATION COMMISSION T FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-1 Elfective 1-1-65 GAS								
•	Operator Mobil Producing Texas & New Mexico Inc.											
	9 Greenway Plaza, Suite 2700, Houston, TX 77046 Reason(s) for filing (Check proper box) Other (Please explain)											
	New We!! Recompletion Change in Ownership	_										
	If change of ownership give name and address of previous owner			2300)								
II. DESCRIPTION OF WELL AND LEASE												
	Jicarilla H	Weil No. Pool Name, Including	Formation Kind of Leas [esa Verde State, Feder	Federal Legge No.								
	Location Unit Letter M 99	20 Sauth	990	(Indian)								
	11	ownship 26-N Range	Feet From	ine								
111				Rio Arriba County								
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be a												
	Plateau Inc.	gainghead Gas Cor Dry Gas Co	Box 108 Farmingto	•								
Nontroot District C			i	1 0								
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 11 26-N 3-W	Is gas actually connected? Wh	Farmington, NM 87401								
IV.	If this production is commingled w COMPLETION DATA	rith that from any other lease or pool,	give commingling order number:	2500								
	Designate Type of Completi	ion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.								
	Date Spudded	Date Compi. 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	D CEMENTING RECORD									
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT								
ν.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-								
j	OII. WELL Date First New Oil Run To Tanks		pth or be for full 24 hours) Producing Method (Flow, pump, gas li									
}	Length of Test	Tubing Pressure	Casing Pressure	Choke Size								
-	Actual Prod. During Test	Oti-Bble.	Water-Bbis.	Gae - MCF								
Į,												
٢	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 COMPLIAN	CE		TION 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.			APPROVED Original Signed by FRANK T. LHAVEZ									
			BY									
			TITLE									
Beeky Deujahr (Signature) Authorized Agent (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 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.										
						_	October 31, 1979 (Date)		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.			
						1-2-2			Separate Forms C-104 must be filed for each pool in multiply			