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| DISTRIBUTION | | | |
| SANTA FE | | 1 | |
| FILE | | \prod | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| IRANSPORTER | OIL | I | |
| | GAS | | |
| OPERATOR | | 17 | |
| PRORATION OFFICE | | | |

| | DISTRIBUTION SANTA FE / | | ONSERVATION COMMISSION FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and C-110 | | | |
|--|--|---|--|--|--|--|--|
| | FILE | AND Effective 1-1-65 | | | | | |
| | U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | | |
| | LAND OFFICE | | | | | | |
| | TRANSPORTER GAS GAS | | | | | | |
| | OPERATOR / | | | | | | |
| | PRORATION OFFICE | | | | | | |
| | Operator Mobil Producing Texas & New Mexico Inc. | | | | | | |
| | Address | | | | | | |
| | 9 Greenway Plaza, Suite 2700, Houston, TX 77046 | | | | | | |
| | Reason(s) for filing (Check proper box) Other (Please explain) | | | | | | |
| | New Well | Change in Transporter of: Oil Dry Gas | F | ator name from Mobil Oil | | | |
| | Change in Ownership | | | | | | |
| | | | | | | | |
| If change of ownership give name and address of previous owner | | | | | | | |
| | | | | | | | |
| 11. | II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. | | | | | | |
| | Jicarilla H 5 Gavilan Pictured Cliffs State, Federal Federal | | | | | | |
| | Location | | | | | | |
| | Unit Letter M : 990 Feet From The South Line and 990 Feet From The West | | | | | | |
| | | | | | | | |
| | Line of Section 11 Tow | mship 26-N Range | 3-W , NMPM, | Rio Arriba County | | | |
| 111 | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | S | | | | |
| *** | Name of Authorized Transporter of Oil | or Condensate XXX | Address (Give address to which appro | | | | |
| | Plateau Inc., | | Box 108 Farmingto | | | | |
| | Name of Authorized Transporter of Cas | | Address (Give address to which approved copy of this form is to be sent) | | | | |
| | Northwest Pipeline Corpo | Unit Sec. Twp. Rge. | | Farmington, NM 87401 | | | |
| | If well produces oil or liquids, give location of tanks. | M 11 26-N 3-W | Yes | | | | |
| | If this production is commingled wit | | | 2500 | | | |
| IV. | COMPLETION DATA | | | | | | |
| | Designate Type of Completio | n - (X) | New Well Workover Deepen | Plug Back Same Resty. Diff. Resty. | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | |
| | Date Spaces | | | | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | |
| | | | | Depth Casing Shoe | | | |
| | Perforations | | | Depth Cuanty shoe | | | |
| | TUBING, CASING, AND CEMENTING RECORD | | | | | | |
| | | | | SACKS CEMENT | | | |
| | | | | | | | |
| | | | | | | | |
| | | 1 | | | | | |
| v | TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be as | fter recovery of total volume of load oi | l and must be equal to or exceed top allow- | | | |
| ٧. | OIL 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 | | | |
| | Length of Year | | | | | | |
| | Actual Prod. During Test | Oil-Bbis. | Water - Bbis. | Gas - MCF | | | |
| | | | | | | | |
| | | | | | | | |
| | Actual Prod. Teet-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate | | | |
| | | | | | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | |
| | | | OU CONSERV | ATION COMMISSION | | | |
| VI. | CERTIFICATE OF COMPLIANCE | CE | | | | | |
| | The share and the sales and t | egulations of the Oil Conservation | APPROVED 007 2 9 1979 | | | | |
| | 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. | | Original Signed by FRANK T. CHAVEZ | | | | |
| | | | THE DESUTE CHE SECTION OF HER 1104. | | | | |
| | | | | | | | |
| | | | | | | | |
| | If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev | | | LANGE OF THE PROPERTY OF THE CHAINTERS O | | | |
| | U | U | I tests taken on the well in accordance with NULE :: . | | | | |
| | Authorized Agent All sections of this form must be filled out completely for all able on new and recompleted wells. | | | | | | |
| | October 31, 1979 Fill out only Sections I. II. III. and VI for changes of o well name or number, or transporter, or other such change of cond | | | | | | |
| | | (Date) Well name of number, of the state of | | | | | |
| | | | Separate Forms C-104 mu | • | | | |