

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form No. 1
 Superseded by OIL C-104 and 1-1
 Effective 1-1-65

TRANSPORTER	OIL	☒
	GAS	☒
OPERATOR		☒
REGISTRATION OFFICE		

Operator
 Mobil Oil Corporation
 Address
 Box 633, Midland, Texas
 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)
 If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Licarilla "H"	Well No. 6	Pool Name, including Formation Gavilan Pictured cliffs	Kind of Lease Federal State, Federal or Fee	Lease No.
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>26-N</u> Range <u>3-W</u> NMPM, 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 sent)
Plateau inc	Box 108, Farmington N.M. 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
North West Pipe Line Corp. System	501 Airport Dr., Farmington, N. M. 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
	N 2 26-N 3-W Yes

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'
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)

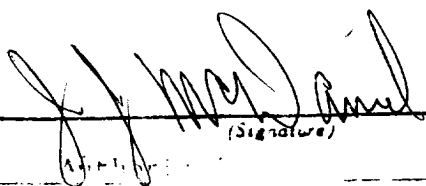
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.


 (Signature)

12-4-73

(Date)

OIL CONSERVATION COMMISSION

FEB 7 1974

APPROVED _____, 19____

BY _____

TITLE _____

PETROLEUM ENGINEER DIST. NO. 3

This form is to be filed in compliance with 30 CFR 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be filed with a copy of a detailed log of the well, and a copy of the test report, and a copy of the well log.

This form must be filled out completely for all wells and for all deepened 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.

Section I of this form must be filed for each pool in the