SANTA FE /	<b>.</b>	EOD ALLOWADI E	Supersedes Old C-104 and C-110
FILE	REGUEST	REQUEST FOR ALLOWABLE AND	
U.S.G.S.	AUTHODIZATION TO TO	ANSPORT OIL AND NATURA	I CAS
LAND OFFICE	AUTHORIZATION TO TRA	ANSFORT OIL AND NATURA	L GAS
TRANSPORTER OIL /			
OPERATOR /			
PRORATION OFFICE			
Operator	·		
Mobil Oil	Corporation		
Address	V		
Reason(s) for filing (Check proper to New We!1  Recompletion  Change in Ownership	Change in Transporter of: Oil Dry G	Other (Please explain) as  nsate	
If change of ownership give name	2		
DECORPORAL OF MELL AN	DIEACE		
DESCRIPTION OF WELL AN Lease Name	Well No.; Pool Name, Including F	ormation Kind of L	ease Lease No.
Jacarilla D"	10 Gavilan Pictur	j	derul or Fee
Location	20   04422411 22000		
Unit Letter D;	90 Feet From The West Lin	ne and 840 Feet Fr	om The North
Line of Section 24	Township 26-N Range	3-W , NMPM, Rio	Arriba County
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	A <b>S</b>	
Name of Authorized Transporter of		Address (Give address to which ap	oproved copy of this form is to be sent)
Plateau Inc.		Boy 108 Farm	sington N.M. 87401
Name of Authorized Transporter of	Casinghead Gas or Dry Gas 🔀	Address (Give address to which as	nington, N.M. 87401 peroved copy of this form is to be sent)
El Paso Natural (	Gas Company	Box 990. Farr	nington, N.M. 87401
If well produces oil or liquids, Unit Sec. Twp. Rge.		Is gas actually connected? When	
give location of tanks.	D 24 26-N 3-W	yes	
If this production is commingled COMPLETION DATA	with that from any other lease or pool,		
Designate Type of Comple	etion - (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	.j Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	THERE CASING AN	D CEMENTING RECORD	
ual reinr		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEFINSE	VACATO CERENT

OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Length of Test Tubing Pressure Gas-MCF Water - Bbls. Actual Prod. During Test Oll-Bbls. GAS WELL Gravity of Condendate Bbls. Condensate/MMCF Actual Prod Test-MCF/D Length of Test

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

## 71. CERTIFICATE OF COMPLIANCE

V. TEST DATA AND REQUEST FOR ALLOWABLE

I.

II.

H.

V.

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.

Authorized Agent

(Date)

OIL CONSERVATION COMMISSION

(Test must be after recovery of social volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

APPROVED SEP 1.7 1970 , 19 PROVED SEP 1.7 1970 , 19 PROVED BY Original Signed by A. R. Kendrick PETROLEUM ENGINEER DIST, NO. 9

This form is to be filed in compliance with RULE 1108.

If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All acctions 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 transported or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply, completed walls