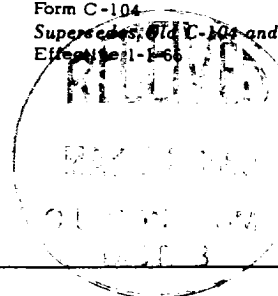


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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-68



I.

Operator MOBIL OIL CORPORATION	
Address P.O.B. 1652, CASPER, WYOMING 82601	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "D"	Well No. 11	Pool Name, Including Formation Gavilan - Pictured Cliffs	Kind of Lease State, Federal or Fee Jicarilla Indian	Lease No. 99
Location Unit Letter P ; 990 Feet From The South Line and 990' Feet From The East Line of Section 14 Township 26N Range 3W , NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Rock Island Oil and Refining Company	321 West Douglas, Wichita, Kansas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	P 14 26N 3W No

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'tv.	Diff. Res'tv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 12-9-68	Date Compl. Ready to Prod.		Total Depth 3892'		P.B.T.D. 3842'			
Elevations (DF, RKB, RT, GR, etc.) GR. 7273', RKB 7286'	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3735'		Tubing Depth 3789'			
Perforations 3735'-50' and 3780'-88'					Depth Casing Shoe 260'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9"	7"		260'		100 Sacks			
6 1/2"	3 1/2"		3891'		50 Sacks			

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 5-3-69 CAOF 1107 790	Length of Test 3 hours	Bbls. Condensate/MMCF 172	Gravity of Condensate 430
Testing Method (pitot, back pr.) PROVER	Tubing Pressure (shut-in) 461#	Casing Pressure (shut-in) 722#	Choke Size 3/4"

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.

J. R. Puckett
J. R. Puckett (Signature)
PRODUCING SUPERINTENDENT (Title)

May 6, 1969
(Date)

OIL CONSERVATION COMMISSION
MAY 23 1969

APPROVED _____, 19____
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #8

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.
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.