## DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Mobil Oil Corporation Addres Three Greenway Plaza East, Suite 800, Houston, Texas 77046 Reason(s) for filing (Check proper box) Other (Please explain) New Well X Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease Cheney-Federal 2-A Blanco Mesa Verde State, Federal or Fee Federal NM046 790 North 790' West Unit Letter Feet From The Line and Feet From The 26-N Township 2-W Line of Section Range Rio Arriba , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 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 X Address (Give address to which approved copy of this form is to be sent) Northwest Pipeline Corporation 3935 E. 30th St., Farmington, NM 87401 Sec. Unit Is gas actually connected? When 17 В 26-N · 2-W give location of tanks. No Wasting on Ge If this production is commingled with that from any other lease or pool, give commingling order number: **COMPLETION DATA** Gas Well Workover New Well Deepen Plug Back Same Res'v. Diff. Res'v Designate Type of Completion - (X) X Date Spudded Date Compl. Ready to Prod. Total Depth 9-25-76 11-9-76 6150 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top O!l/Gas Pay Tubing Depth 7280 GR Mesa Verde 5865 5508 Perforations Depth Casing Shoe 5554-5930 6150 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE DEPTH SET SACKS CEMENT 12-1/4 8-5/8 318 250x 7-7/8 4-1/2 6150 1700x V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date of Test Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water - Bbls. **GAS WELL** Actual Prod. Tast-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 2800 24 2.5 68.0 Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) Choke Size Prover 12 68 12.71 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.

> (Signature, (Title)

uthorized Agent

1 - 3 - 77(Date) OIL CONSERVATION COMMISSION

APPROVED. Kendrick By Original Signed

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 !!!.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, H, 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