ſ	NO. UP COPIES RECEIVED	1		/
	DISTRIBUTION SANTA FE	}	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL (
	TRANSPORTER OIL / GAS OPERATOR /			
I.	Operator MORI	OIL CORP.		
	Address 2778	,	N.MCX. 87401	
	Reason(s) for filling (Check proper box,			me clean up of
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden	witer and it	and from well
	If change of ownership give name and address of previous owner		+ change of wer	Magna from HIT to
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Leas	se , Lease No
	Lease Name JiCARILLA Location	H 8A BLANCO	MESAMER at State, Federa	7 /
	Unit Letter D; 94	C Feet From The MCATALine	e andFeet From	The 71125
	Line of Section 12 Tov	$_{\text{vnship}}$ 26^{N} Range 3	NMPM, R	O ARGIBA County
III.	DESIGNATION OF TRANSPORT	rer of oil and natural ga	Address (Give address to which appro	oved copy of this form is to be sent)
	PLATEAU Name of Authorized Transporter of Cat	/// C Singhead Gas Or Dry Gas 🔀	BOX OX FARMA Address (Give address to which appro	oved copy of this form is to be sent)
	NORTHUEST F) If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? W	KMN3TON, NM 874 C
	give location of tanks.	D 1/2 26/3"	TEMP	1-28-77
	this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res			
	Designate Type of Completic	on - (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe
	Perforations			Explin Cabing Silve
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT
	143/41	138 - H4	0-300/	
	83/4"	711 - KSS	80001	
	11	7" 1/80	13001	
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	· - · · · · · · · · · · · · · · · · · · ·
	OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas l	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Ggs-Mg
		<u></u>		1 dan series
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Charlety of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chake Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	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.		APPROVED 19	
			PATROLIUM MIGINER DIST. AU. 3	
			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.