

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

## NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <i>Mobil Oil Corp.</i>	
Address <i>Box 778, Farmington, N.M. 87401</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<i>Filed for TEMP. clean-up of water &amp; sand from well.</i>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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 <i>JICARILLA - H</i>	Well No. Pool Name, including Formation <i>#1A BLANCO MESAVIERDE</i>	Kind of Lease State, Federal or Fee <i>FED</i>	Lease No.
Location			
Unit Letter <i>P</i>	<i>874</i> Feet From The <i>SOUTH</i> Line and <i>732</i> Feet From The <i>EAST</i>		
Line of Section <i>1</i>	Township <i>26N</i>	Range <i>73W</i> , NMPM, <i>RIO ARRIBA</i>	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)	
<i>PLATEAU INC.</i>	<i>Box 108, Farmington, N.M. 87401</i>	
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)	
<i>NORTHWEST PIPELINE CORP.</i>	<i>3539-E 30TH. FARMINGTON, N.M. 87401</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>P</i>	Sec. <i>1</i>
	Twp. <i>26N</i>	Rge. <i>3W</i>
	Is gas actually connected? <i>TEMP.</i>	

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'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <i>10-22-78</i>	Date Compl. Ready to Prod.		Total Depth <i>6250</i>		P.B.T.D. <i>60106</i>			
Elevations (DF, RKB, RT, GR, etc.) <i>7085'</i>	Name of Producing Formation <i>BLANCO MESAVIERDE</i>		Top Oil/Gas Pay <i>5434</i>		Tubing Depth <i>5778 5802</i>			
Perforations <i>5434 - 5851</i>				Depth Casing Shoe <i>6250</i>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>12 1/4"</i>	<i>8 9/8"</i>		<i>302'</i>					
<i>7 7/8"</i>	<i>4 1/2"</i>		<i>6250'</i>					

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 (pitot, 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.

*K. D. Jones*  
(Signature)  
*Production Sup.*  
(Title)  
*11/29/78*  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED *Nov 30 1978*, 19BY *Original Signed by*

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 allow  
able 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 multiple  
completed wells.