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

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104

Supersedes Old C-104 and C-11: Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Mobil Producing TX. & N.M. Inc. Nine Greenway Plaza, Suite 2700, Houston, Texas 77046 Other (Please explain) Reason(s) for Illing (Check proper box) To change oil/condensate gatherer to New Well in Transporter of: The Permian Corp., effective November 1, Dry Gas Recompletion Condensate X 1984. Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Lease No. JICHRILLA State, Federal or Fee Federa 09-000089 Blanco Mesaverde Gas Jicarilla E 5A Location South_Line and_ 790 1520 East Feet From The Unit Letter Rio Arriba 27-N 3-W Line of Section 14 NMPM, County Range Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Per-Formett'S A 1877 P. O. Box 1183, Houston, Texas 77001 The Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Northwest Pipeline Corp. dicess (Give address to which approved copy of this form is to be sent) 3539 E. 30th St., Farmington, NM 87401 Sec. Is gas actually connected? When P.ge. Twp. Unit If well produces oil or liquids, give location of tanks. 14 27-N 3-W L If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Workover Oil Well Gas Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Name of Producing Formation Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method F (m. samp of lift; etc.) Date First New Oil Run To Tanks Date of Test Choke Size Tubing Pressure Length of Test UU Gas - MCF Water - Bbls. Oil-Bhis. Actual Prod. During Test LOON. DIST. 3 **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE NUA 522 TORY 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. SUPERVISOR DISTRICT # TITLE This form is to be filed in compliance with RULE 1104.

Authorized Agent (Tule)

10-26-84

(Date)

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, sell name or number, or transporter, or other such change of condition.

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