

DISTRIBUTION		3
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		1
PRORATION OFFICE		

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 1-1-65

Operator Mitchell Energy Corporation	
Address 3900 One Shell Plaza, Houston, Texas 77002	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) <i>Not producing</i>	

If change of ownership give name and address of previous owner Dyna Ray Oil and Gas Company, 4101 East Louisiana Avenue, Denver, Col. 80222

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Rosa Unit</u>	Well No. <u>49</u>	Pool Name, including Formation <u>Mesaverde</u>	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <u>M</u> ; <u>1190</u> Feet From The <u>South</u> Line and <u>1190</u> Feet From The <u>West</u>				
Line of Section <u>27</u> Township <u>31N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

None

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	

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.
		X						
Date Spudded 10-9-63	Date Compl. Ready to Prod. 4-12-64		Total Depth 8502'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6806' GL	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 6115'		Tubing Depth 7000'			
Perforations Gallup: 6895-6900; 6948-6953; 6917-6922 Mesaverde: 6115-6127; 6269-6275					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-3/4"	9-5/8"		201'		100			
8-3/4"	7"		3940'		150			
6-1/4"	4-1/2"		6410'		150			
	2-3/8"		7000'					

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 greater than 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 Gauged 1847 MCF	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Gauge	Tubing Pressure (shut-in) 2110 -Flowing	Casing Pressure (shut-in) 2115	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.

Ed Swacher
(Signature)
Vice President
(Title)
8.5-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 13 1976, 19
BY Original Signed by A. R. Kendrick
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 multiple