

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 GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Operator: Mitchell Energy Corporation
Address: 1719 Colorado National Bldg., Denver, CO 80202

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change In Transporter of:
 Recompletion Oil Dry Gas
 Change In Ownership Casinghead Gas Condensate

Initial gas sales line hook-up of S.I. well.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Rosa Unit</u>	Well No. <u>#40</u>	Pool Name, including Formation <u>Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF 078762</u>
Location Unit Letter <u>E</u> ; <u>1750</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u>				
Line of Section <u>11</u> Township <u>31 N</u> Range <u>5 W</u> , NMPM, <u>Rio Arriba</u> 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) <u>P.O. Box 90, Farmington, NM 87401</u>			
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) <u>P.O. Box 90, Farmington, NM 87401</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>11</u>	Twp. <u>31N</u>	Rge. <u>5W</u>
	Is gas actually connected? <u>Yes</u>		When <u>9-22-78</u>	

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 Restv.	Diff. Restv.
		<u>X</u>	<u>X</u>					
Date Spudded <u>11/5/60</u>	Date Compl. Ready to Prod. <u>6/11/63</u>		Total Depth <u>8532'</u>		P.B.T.D. <u>8490</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6813' GL</u>	Name of Producing Formation <u>Dakota</u>		Top Oil/Gas Pay <u>8,358'</u>		Tubing Depth <u>8330</u>			
Perforations <u>8358-78; 8408-14; 8420-32; 8442-58</u>					Depth Casing Shoe <u>8531</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>13 5/8"</u>	<u>10 3/4"</u>		<u>175'</u>		<u>125</u>			
<u>9 5/8"</u>	<u>7 5/8"</u>		<u>4,205'</u>		<u>125</u>			
<u>6 3/4"</u>	<u>5 1/2"</u>		<u>4,105-8,530'</u>		<u>335</u>			
	<u>2 3/8"</u>		<u>8,330'</u>					

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 <u>3724</u>	Length of Test <u>3 Hrs</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>2689</u>	Casing Pressure (Shut-in) <u>1479</u>	Choke Size <u>3/4"</u>

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.

J.D. Keisling J.D. Keisling
(Signature)
District Production Manager
(Title)
9-27-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED 9/27/78, 19____

BY Original Sign.

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 recompleted wells.

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

FEDERAL 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
 Northwest Pipeline Corporation
 Address
 P. O. Box 1526 - Salt Lake City, Utah 84110
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate Other (Please explain)
 Change of Operator

If change of ownership give name and address of previous owner
 Mitchell Energy Corporation, 1719 Colorado Nat'l Bldg., Denver, CO 80202

DESCRIPTION OF WELL AND LEASE
 Lease Name: Rosa Unit Well No.: 40 Pool Name, Including Formation: Basin Dakota Kind of Lease: State, Federal or Fee Federal Lease No.: SF 07876
 Location
 Unit Letter: E ; 1750 Feet From The North Line and 990 Feet From The West
 Line of Section: 11 Township: 31 N Range: 5 W , NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
 Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent)
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
 Northwest Pipeline Corporation 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:

COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe
 TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size
 OIL CON. COM. DIST. 3

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.
 J. D. Keisling (Signature)
 District Production Manager (Title)
 12/1/78 (Date)

OIL CONSERVATION COMMISSION
 DEC 1 1 1978
 APPROVED _____, 19____
 Original Signed by A. R. Kendrick
 BY _____
 TITLE SUPERVISOR DIST. 3
 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.
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