

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
Mitchell Energy Corporation
Address
1719 Colorado National Bldg., Denver, CO 80202
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)
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 Rosa Unit	Well No. #40	Pool Name, Including Formation Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF 078762
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				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Northwest Pipeling Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeling Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 11	Twp. 31N	Rge. 5W	Is gas actually connected? Yes	When 9-22-78

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

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

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

OIL CONSERVATION COMMISSION

APPROVED _____, 1978

BY _____ Original Signature _____

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 completed wells.

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
Bassin 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

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
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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