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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mitchell Energy Corporation	Well API No. 30 025 26949
Address P.O. Box 4000, The Woodlands, Texas 77387-4000	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Simon "6" State Com	Well No. 1	Pool Name, Including Formation San Simon (Wolfcamp)	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. LG-893 & LG3609
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>6</u> Township <u>22S</u> Range <u>35E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 60628, Midland, TX 79711-0628					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Mitchell Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4000, The Woodlands, TX 77387-4000					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 6	Twsp. 22S	Rge. 35E	Is gas actually connected? Yes	When? 4-28-81

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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		

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 Tank	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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

George Mullen
Signature
George Mullen Reg. Affairs Specialist
Printed Name Title
8-18-92 (713) 377-5855
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 24 '92

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Mitchell Energy Corporation Well API No. 30 025 26949

Address P.O. Box 4000, The Woodlands, Texas 77387-4000

Reason(s) for Filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate Change operator effective 7/1/91

If change of operator give name and address of previous operator Enron Oil & Gas Company, P. O. Box 2267, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Simon 6 State Com.</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>East Grama Ridge Morrow</u>	Kind of Lease STATE State, Federal or Fee	Lease No. <u>LG 893 & LG 3609</u>
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>east</u> Line Section <u>6</u> Township <u>22S</u> Range <u>35E</u> , <u>NMPM</u> , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> <u>Enron Oil Trading & Transp., Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 20108, Shreveport, LA 71120</u>					
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/> <u>Mitchell Energy Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>400 W. Illinois, Ste 1000, Midland, Tx 79701</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>6</u>	Twp. <u>22</u>	Rge. <u>35</u>	Is gas actually connected? <u>Yes</u>	When? <u>4/28/81</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 Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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		

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 Tank	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 (puol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Betty Gildon
 Signature
Betty Gildon, Regulatory Analyst
 Printed Name
6/21/91 915/686-3714
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
 By _____
 Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Mitchell Energy Corporation	Well API No. 30 025 26949
Address P.O. Box 4000, The Woodlands, Texas 77387-4000	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
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Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Enron Oil & Gas Company, P. O. Box 2267, Midland, Texas 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Simon 6 State Com.	Well No. 1	Pool Name, Including Formation San Simon Wolfcamp	Kind of Lease State State, Federal or Fee	Lease No. LG 893 & LG 3609
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>east</u> Line Section <u>6</u> Township <u>22S</u> Range <u>35E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transp., Inc.	Address (Give address to which approved copy of this form is to be sent) Box 20108, Shreveport, LA 71120
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Mitchell Energy Corp	Address (Give address to which approved copy of this form is to be sent) 400 W. Illinois, Ste 1000, Midland, Tx 79701
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>6</u> Twp. <u>22</u> Rge. <u>35</u>	Is gas actually connected? <u>Yes</u> When? <u>4/28/81</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 Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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		

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 Tank	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 (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


 Signature
 Betty Gildon, Regulatory Analyst
 Printed Name
 6/21/91
 Date
 915/686-3714
 Title
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
 By _____
 Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
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- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

INSTRUCTIONS ON REVERSE
SIDE

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

This form is not to be used for
reporting packer leakage tests in
Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Enron Oil & Gas Company			Lease San Simon 6 State Com.			Well No. 1	
Location of Well	Unit J H	Sec. 6	Twp 22S	Rge 35E	County Lea		
Name of Reservoir or Pool			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size	
Upper Compl	San Simon (Wolfcamp)		Oil	Flow	Tbg.	W/O	
Lower Compl	Grama Ridge, East (Morrow)		Gas	Flow	Tbg.	W/O	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 am 4/22/91

Well opened at (hour, date): 9:00 am 4/23/91

Indicate by (X) the zone producing..... X

Pressure at beginning of test..... 50 450

Stabilized? (Yes or No)..... Yes Yes

Maximum pressure during test..... 50 450

Minimum pressure during test..... 0 450

Pressure at conclusion of test..... 0 450

Pressure change during test (Maximum minus Minimum)..... 50 0

Was pressure change an increase or a decrease?..... Decrease -

Well closed at (hour, date): 9:00 am 4/24/91 Total Time On Production 24.0 HRS

Oil Production During Test: 0 bbls; Grav. - Gas Production During Test: - MCF; GOR -

Remarks * Wolfcamp vented to atmosphere

FLOW TEST NO. 2

Well opened at (hour, date): 9:00 am 4/25/91

Indicate by (X) the zone producing..... X

Pressure at beginning of test..... 50 450

Stabilized? (Yes or No)..... Yes Yes

Maximum pressure during test..... 50 450

Minimum pressure during test..... 50 150

Pressure at conclusion of test..... 50 150

Pressure change during test (Maximum minus Minimum)..... 0 300

Was pressure change an increase or a decrease?..... Decrease

Well closed at (hour, date): 9:00 am 4/26/91 Total time on Production 24.0 HRS

Oil production During Test: 0 bbls; Grav. -; Gas Production During Test: 301 MCF; GOR -

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

Enron Oil & Gas Company

Operator

Donnie Dickerson

Signature

Jarrel Services, Inc.

Donnie Dickerson

Agent

Printed Name

Title

5/2/91

505-393-1736

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 01 1991

By _____

Title _____

INSTRUCTIONS FOR SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such test shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.
2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.
3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized and for minimum of two hours thereafter, provided, however, that they need not remain shut-in more than 24 hours.
4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued until the flowing wellhead pressure has become stabilized and for minimum of two hours thereafter, provided however, that the flow test need not continue for more than 24 hours.
5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.
6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedure for Flow Test No. 2 is to be the same as for Flow Test No. 1 except that the previously produced zone shall remain shut-in while the previously shut-in zone is produced.
7. All pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges, the accuracy of which must be checked with deadweight tester at least twice, once at the beginning and once at the end, of each flow test.
8. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the appropriate District Office of the New Mexico Oil Conservation Division on Southeast New Mexico Packer Leakage Test Form Revised 1-1-89, together with the original pressure recording gauge charts with all the deadweight pressures which were taken indicated thereon. In lieu of filing the aforesaid charts, the operator may construct a pressure versus time curve from each zone of each test, indicating thereon all pressure changes which may be reflected by the gauge charts as well as all deadweight pressure readings which were taken. If the pressure curve is submitted, the original chart must be permanently filed in the operator's office. Form C-116 shall also accompany the Packer Leakage Test Form when the test period coincides with a gas-oil ratio test period.

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

INSTRUCTIONS ON REVERSE
SIDE

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

This form is not to be used for
reporting packer leakage tests in
Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Enron Oil & Gas Company			Lease San Simon 6 State Com.			Well No. 7	
Location of Well	Unit H	Sec. 6	Twp 22S	Rge 35E	County Lea		
Name of Reservoir or Pool			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size	
Upper Compl	San Simon (Wolfcamp)		oil	Flow	Tbg.	32/64	
Lower Compl	Grama Ridge, East (Morrow)		gas	Flow	Tbg.	24/64	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:45 A.M (4-27-90)

Well opened at (hour, date): 9:45 A.M (4-28-90)

Indicate by (X) the zone producing.....	_____	_____
Pressure at beginning of test.....	<u>0</u>	<u>415</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>Yes</u>
Maximum pressure during test.....	<u>0</u>	<u>415</u>
Minimum pressure during test.....	<u>0</u>	<u>140</u>
Pressure at conclusion of test.....	<u>0</u>	<u>140</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>275</u>
Was pressure change an increase or a decrease?.....	<u>NONE</u>	<u>DECREASE</u>

Well closed at (hour, date): 9:45 AM (4-29-90) Total Time On Production 24 HRS

Oil Production _____ Gas Production _____

During Test: 0 bbls; Grav. 0 ; During Test _____ MCF; GOR _____

Remarks Wolfcamp was dead, no pressure

FLOW TEST NO. 2

Well opened at (hour, date): 9:45 A.M (4-28-90)

Indicate by (X) the zone producing.....	_____	_____
Pressure at beginning of test.....	<u>0</u>	_____
Stabilized? (Yes or No).....	<u>Yes</u>	_____
Maximum pressure during test.....	<u>0</u>	_____
Minimum pressure during test.....	<u>0</u>	_____
Pressure at conclusion of test.....	<u>0</u>	_____
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	_____
Was pressure change an increase or a decrease?.....	<u>NONE</u>	_____

Well closed at (hour, date) _____ Total time on Production _____

Oil production _____ Gas Production _____

During Test: _____ bbls; Grav. _____ ; During Test _____ MCF; GOR _____

Remarks Zone was dead

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

Enron Oil & Gas Company

Operator
Betty Gildon
Signature

Betty Gildon, Regulatory Analyst

Printed Name
5/3/90

Title
915/686-3714

Date

Telephone No.

OIL CONSERVATION DIVISION

MAY 7 1990

Date Approved _____

By ORIGINAL SIGNED BY BETTY SEXTON
DISTRICT I SUPERVISOR

Title _____

NO. OF COPIES RECEIVED	
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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-
Effective 1-1-65

I. OPERATOR
Operator: Enron Oil & Gas Company
Address: P. O. Box 2267, Midland, Texas 79702

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 Operator Name

If change of ownership give name and address of previous owner: HNG OIL COMPANY, P. O. Box 2267, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Simon 6 State Com.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>San Simon Wolfcamp</u>	Kind of Lease State, Federal or Fee State	Lease No. <u>LG 893 & LG 3609</u>
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>east</u>				
Line of Section <u>6</u>	Township <u>22S</u>	Range <u>35E</u>	NMPM, <u>Lea</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Enron Oil Trading & Transp., Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 20108, Shreveport, LA 71120</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Enron Oil & Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2267, Midland, Texas 79702</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>6</u>	Twp. <u>22</u>	Rge. <u>35</u>
Is gas actually connected? <u>Yes</u>		When <u>4/28/81</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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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		

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 lifts, 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, etc.)	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.

Betty Gildon
(Signature)
Betty Gildon, Regulatory Analyst
(Title)
2/10/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 24 1987, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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.