Submit 5 Cosses
Acordonate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico , Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe. New Mexico 87

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87	7410		Mexico 8/504-2088	
I.	REQUEST		BLE AND AUTHO	
Operator		IANSPORTO	IL AND NATURAL	
Mitchell Energy Co	rporation			Well API No. 30 025 27564
Address —	m)],			
Reason(s) for Filing (Check proper it	The Woodlands	, Texas 7/38		
New Well	,	in Transporter of:	Y Other (Please e.	epiain)
Recompletion	Oil	Dry Gas	Change	2 0000000000000000000000000000000000000
Change in Operator	Casinghead Gas	Condensate		e operator effective 7/1/91
If change of operator give name and address of previous operator	nron Oil & Gas	Company, P.	0. Box 2267, 1	Midland, Texas 79702
II. DESCRIPTION OF WE			·-····································	
Lease Name San Simon 5 State	Well No		ding Formation Ma- Ridge Morrow	Kind of Lease State Lease No. State, Federal or Fee LG 4136
Location	-	Gru		- Lu +130
Unit LetterE	: 1980	-	north Line and	660 west
	220	_	<u>-</u>	Feet From The
Section 5 Tow	vaship 22S	Range 35	t , NMPM,	Lea County
III. DESIGNATION OF TR Name of Authorized Transporter of O	ANSPORTER OF		JRAL GAS	
Enron Oil Trading 8	1 1	· = - · · · · · · · · · · · · · · · · ·	Box 20180. Shr	which approved copy of this form is to be sent) eveport, LA 71120
Name of Authorized Transporter of C	asinghead Gas	or Dry Gas	Address (Give address to	which approved copy of this form is to be sent)
<u>Mitchell Energy Cor</u>		- 	400 W. Illinoi	s, Suite 1000, Midland, Tx 797
If well produces oil or liquids, pive location of tanks.	Unait Sec. F 5	Twp. Rge. 122 35	Is gas actually connected?	When ? 110/25/83
f this production is commingled with		1		10/23/63
V. COMPLETION DATA				
Designate Type of Complete	ion - (X)	ll Gas Well	New Well Workover	Deepen Plug Back Same Res'v Diff Res'
Date Spudded	Date Compi. Ready	o Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	omation	Top Oil/Gas Pay	Tubing Depth
Perforations		1		Depth Casing Shoe
<u>-</u>				
			CEMENTING RECO	
HOLE SIZE	CASING & T	UBING SIZE	DEPTH SE	T SACKS CEMENT
. TEST DATA AND REQU	IEST FOR ALLOW	ARIE		
			be equal to or exceed top o	llowable for this depth or be for full 24 hours.)
tate First New Oil Run To Tank	Date of Test		Producing Method (Flow,	
6.7				
ength of Test	Tubing Pressure		Casing Pressure	Choke Size
ctual Prod. During Test	Oil - Bbls.		Water - Bbis.	Gas- MCF
·				
GAS WELL				
ctual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF	Gravity of Condensate
sting Method (pitot, back pr.)	Tubing Pressure (Shu	(-in)	Casing Pressure (Shut-in)	Choke Size
I ODED ATOD CONT	10 A TOTAL CONT.			
I. OPERATOR CERTIF			OII CO	NSERVATION DIVISION
I hereby certify that the rules and re Division have been complied with a	nd that the information giv			
is true and complete to the best of n	ny knowledge and belief.		Date Approve	ed
D. X.	1000			
Signature NU	K WOW		By	
<u>Betty Gildon, Reg</u>				
Printed Name 0/21/91	915/6	86-3714	Title	

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

Date

- 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.

Telephone No.

- 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.

40. OF COPIES ACC	Elven		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.	U.S.G.S.		
LAND OFFICE		1	
TRANSPORTER	OIL	•	
	GAS	T	
OPERATOR			
PRORATION OFFICE			
Enron Oil &	Gas	Comp	an
P. O. Box 22			
Reason(s) for filing (Check	proper	box
New Well	Ц		
Recompletion			
Change in Ownership	X.		

	SANTA FE	REQUEST FOR ALLOWABLE Superzed		Form C-104 Supersedes Old C-104 and C-	
	U.S.G.S.	ALITHOPIZATION TO TO	AND RANSPORT OIL AND NATURAL	Effective 1-1-65	
	LAND OFFICE	- NOTHIORIZATION TO TI	CANSI OR FOLL AND NATURAL	GAS	
	TRANSPORTER GAS	-			
	PRORATION OFFICE				
•	Operator				
	Enron Oil & Gas Compan	ny			
	P. O. Box 2267, Midlan	nd, Texas 79702			
	Reason(s) for filing (Check proper bo	Change in Transporter of:	Other (Please explain)		
	Recompletion	OII Dry C	Change Operat	or Name	
	Change in Ownership X	Casinghead Gas Cond	ensate		
	If change of ownership give name and address of previous owner	HNG OIL COMPANY, P. O.	Box 2267, Midland, Texa	s 79702	
II.	DESCRIPTION OF WELL AND	LEASE	·		
	San Simon 5 State	Well No. Pool Name, including 1 East Grama R	N. 1. M	se Lease No. ILG4136	
	Location Unit Letter E	1980 Feet From The north L	660	west	
			25 #	Lea	
***		Hange	, Associati	County	
ill.	Name of Authorized Transporter of Of	TER OF OIL AND NATURAL G	AS Address (Give address to which appro	oved copy of this form is to be sent?	
	Enron Oil Trading & Tra		Box 20180, Shreveport,	, LA 71120	
	Enron Oil & Gas Company		Address (Give address to which appro- Box 2267, Midland, Tex		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. E 5 22 35	Is gas actually connected?	nen 10/25/83	
· tv	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,		10,13,03	
14.	Designate Type of Completion	OII 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	A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tubing Depth	
	Periorditons			Depth Casing Shoe	
	HOLE SIZE		D CEMENTING RECORD		
	NOLE 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 able for this depth or be for full 24 hours)				and must be equal to or exceed top allow	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ji, eic.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oll-Bbis.	Water-Bbls.	Gas-MCF	
Į					
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
V1. (CERTIFICATE OF COMPLIANC) PE	OH CONSERVA	TION COUNTS ION	
	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.				
•	C	nest of my knowledge and belief.	DISTRIC	T I SUPERVISOR	
			TITLE		
	Ketan Dill	مس		compliance with RULE 1104.	
_	Betty Gildon, Regulator	twe)		nied by a tabulation of the deviation	
-	betty Gildon, Regulator		All sections of this form must be filled out completely for allowable on new and recompleted wells.		
_	<u> ۱۱۵/87</u>	• 1	Fill out only Sections I. II	III. and VI for changes of owner er, or other such change of condition.	
	1541		I were marke or number, of frantabolt	en er errer maen enmige er benarre.	

well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply i.

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STATE OF NEW MEXICO UFRGY AND MINITALS DEPARTMENT	
THE STATE OF THE S	DIL CONSERVATIO
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santa re	SANTA FE, NEW ME.
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LAND SEELS	DEOUETT COD ALL
OIL OIL	REQUEST FOR ALL AND
CAG	AUTHORIZATION TO TRANSPORT
OPPRATOR	AUTHORIZATION TO TRANSFORT

TRANSPURIER OIL OAS OPERATOR	REQUEST FOR AN AUTHORIZATION TO TRANSP	4D	
Character office HNG OIL COMPANY			
P. O. Box 2267, Midland	i, Texas 79702		
Reasonts) for Isling (Check proper bo	Change in Transporter of:	Other (Please explain)	
New Well Recompletion Change in Ownership	Cil Dry Con	Effective 2/1	/86
If change of ownership give name and address of previous owner		<u> </u>	
DESCRIPTION OF WELL AND	LEASE		No.
San Simon 5 State	1 East Grama Ric		Logs No LorFee State LG 4136
Unit Letter E 19	980 Feet From The north Line	e andFeet From '	rh• West
Line of Section 5 To	ownship 22S Range	35Е , ммрм,	Lea County
Neme of Authorized Transporter of C UPG Falco, A Division of Name of Authorized Transporter of C HNG Oil Company	f UPG, Inc.	Address (Give address to which appropriate P. O. Box 20108, Shreve Address (Give address to which appropriate P. O. Box 2267, Midland Is gas actually connected?	eport, Louisiana 71120 ued copy of this form is to be sent) d, Texas 79702
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. E 5 22 35	Yes	10-25-83
If this production is commingled we COMPLETION DATA Designate Type of Complet		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Date Spudded	Date Campl. Ready to Prod.	Total Depth	P.B.1.U.
Elevations (DF, RKB, RT, GR, etc.)	**ame of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Periorations			Depth Casing Shoe
		CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allo
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i	ifi, etc.)
Length of Test	Tubing Pressure	Casing Pleasure	Choze Sixe
Actual Prod. During Test	Oli-Bbis.	Water-Bbis.	Gas-MCF
GAS WELL			
Actual Frod. Test-MCF/D	Langth of Test	Bbla. Condenagte/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cooing Pressure (Shat-in)	Choix Sile
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	
I hereby certify that the rules an	diregulations of the Oll Conservation	APPROVED JAN 2	4 1986
- ministra basa basa basa basa ka	th and that the information given he best of my knowledge and belief.	DY ONGINAL SIG	WED DY JERRY SEXTON
		TITLEDISTRI	
Burn Hildon) Phaswe) Betty Gildon	If this is a request for all	compliance with RULE 1104. walls for a newly drilled or deeper anied by a tabulation of the deviat
Regulatory Analyst	ingine) beity Girdon	teels taken on the well in acc	ordance with MULK 111.

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Dec 1-bens And				
Regulatory Ana	Tyst			
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1/20/86

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All sections of this form must be filled out completely for alloable on new and recompleted wells.

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