	IL CONSERVA P. O. DO SANTA FE, NEW	RECEIVED			
ГІ.В. / J U.S.G.B. LAND OFFICP	REQUEST FOR	AUG 1 0 1982			
TAANSPURTER OIL					
PROBATION OFFICE	ORT OIL AND NATURAL GAS	O. C. D. ARTESIA, OFFICE			
Mitchell Energy Co	rporation 🖌				
Address 1000 Gibraltar Sav	ings Center - 200 N. Lorain	ne - Midland, Texas 797	01		
Reason(s) for filing (Check proper b	Change in Transporter of:	Other (Please explain)			
New Well X Recompletion					
Change In Ownership	Costnghead Gas Conden	sate			
If change of ownership give name and address of previous owner	·		·		
DESCRIPTION OF WELL AN	D LEASE. Well No. Pool Name, Including Fo	ormation Kind of Leas	Lease No		
State 36		n - Morrow Gas State, Federa	olor Fee State L 4673		
Location		and 2173 Feet From	The East		
Unit Letter <u>B</u> ; <u>7</u>	50 Feet From The <u>North</u> Line				
Line of Section 36 1	Fownship 19-S Range	21-E , NMPM, Edd	Y County		
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sentj		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas 🕅 Northern Natural Gas Company		oved copy of this form is to be sent) , Nebraska 68102		
li well produces oil ar liquids, give location of tanks.	Unit Sec. Twp. Rge. B 36 19-S 21-E		8/6/82		
	with that from any other lease or pool,	give commingling order number:			
Designate Type of Comple	tion = (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
7/20/80	12/14/80	8150 Top Oil/Gas Pay	8097 Tubing Depth		
Elevations (DF, RKB, RT, GR, etc. 4245 GR, 4264 RKB	Morrow	7830	8028		
Perforations 2 spf (0.46 Diameter) 7830', 7831', 7837' and	7838'	Depth Casing Shoe 8145		
		CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	376 sks		
17-1/2"	<u>13-3/8"</u> 8-5/8	272 2010	1500 sks		
7-7/8"	4-1/2	8145	750 sks		
	2-3/8	8028	i		
TEST DATA AND REQUEST		fter recovery of total volume of total of pth or be for full 24 hours) Producing Method (Flow, pump, gas l			
Date First New Oil Run To Tanks	Date of Test	producing Method (ribb, pump, gas	.,		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbla.	Water - Bbls.	Gas - MCF		
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Frod. Tool-MCF/D 54	Length of Test 4 hrs.		0		
Testing Method (pitor, back pr.)	Tubing Presews (Shut-18)	Cosing Pressure (Shut-in)	Choke Size		
Back Pressure	2251	PKR	<u>l" Orifice</u>		
CERTIFICATE OF COMPLIA	INCE	DIL CONSERVA AUG 1 9 198			
I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED	APPROVED 19		
		BY Jeslie H. Clements			
· · · ·		TITLE SUPERVISOR, DI	STRICT_H		
		This form is to be filed in	compliance with RULE 1104.		
AF austre	7	If this is a request for allo	pwable for a newly drilled or deeper unled by a tabulation of the deviat		
	whatwed	It tests taken on the well in acc.	ordance with NOEK 1111		
	uction Manager	All sections of this form must be filled out completely for elic able on new and recompleted wells.			
9/9/97	· · · · · · · · · · · · · · · · · · ·		II, III, and VI for changes of owr piter, or other such change of condition		
(Date)		If wall name of number, or transpo	int be filed for each pool in multi		

			•	
a	 - 1	- W # 1	1	

rompleted