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ENERGY AND MINERALS DEPARTMENT			1	O. C.		orm C-104	
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MITCHELL ENERGY CORPORATION							
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Reason(s) for filing (Check proper box)			Other (Please	e explain)			
New Well Change in Tran	saporter of:						
Recompletion OII		ry Gas	Effect	ive Febru	ary 12,	1987	
Change in Ownership		ondensate			·		
I change of ownership give name							
and address of previous owner							
I DESCRIPTION OF WELL AND LEASE							
Lease Name Well No. Pool	Nome, Including Fi	ormation		Kind of Lease	•		Lease
	Neme, Including Fo	_	Greyburg)	1 · · · ·		tate	B-8096
Location Name Well No. Pool CONOCO "7" State 4 Ea		_	Greyburg)	1 · · · ·		tate	B-8096
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Lease Name       Weil No.       Pool         Conoco       "7" State       4       Ea         Location       D       :       660       Feel From The         Line of Section       7       Township       195         III. DESIGNATION OF TRANSPORTER OF OIL &       Name of Authorized Transporter of Oil Or Condem       or Condem         Conoco, Inc.       Name of Authorized Transporter of Casinghead Gas O       or Phillips Petroleum Corporatio         If well produces oil or liquids, give location of tanks.       Unit       Sec.       7         f this production is commingled with that from any oth       NOTE:       Complete Parts IV and V on reverse side if         VI. CERTIFICATE OF COMPLIANCE	AND NATURAL AND NATURAL aate or Dry Gas Twp. Rge. 195 29E are lease or pool, <i>f necessary.</i> ation Division have nplete to the best of <b>Spencer</b>	Queen-G and 29E GAS Address (C P. 0. Address (C Frank Is gas actor give comma approximation BY TITLE . This tosts tal able on	540 , NMPM Give address i Box 2587 Give address i Phillips ually connector Yes ingling order OIL Cl VED C Si s form lis to his is a require sections of new and rec	State, Federal Feet From 7 , Hobbs, to which approv , Hobbs, to which approv Bldg., B ed? , whe i r number: ONSERVAT MAR 1 Driginal Signe Tes A. Cleme uppervisor Dist be filed in c uppervisor Dist be filed in compary well in accompary this form mut completed we	Tion Fee S The M Med copy of the New Mex Med copy of the April Copy of the artlesvi April Cion Divis 6 1987 Tion Divis 7 10 7 1	est Eddy is form is in ico 88 is form is in 11e, 0K /2-87 1, 198 Part 1 3-10 SION 	B-8096 Cour Cour Desent) 240 Desent) 240 240 74004 2 74004 2 74004 2 74004 2 19 1104. d or deeps the devia the devia
Leese Name       Weil No.       Pool         Conoco       "7" State       4       Ea         Locetion       D       660       Feet From The         Line of Section       7       Township       195         III. DESIGNATION OF TRANSPORTER OF OIL &       Name of Authorized Transporter of Oil Monetary       or Condent         Conoco, Inc.       Name of Authorized Transporter of Casinghead Gas Monetary       or Condent         Conoco, Inc.       Name of Authorized Transporter of Casinghead Gas Monetary       or Condent         If well produces off or liquids, give location of tanks.       Unit       Sec.       7         If this produces off or liquids, give location of tanks.       Unit       Sec.       7         If this production is commingled with that from any oth       NOTE: Complete Parts IV and V on reverse side if         VI. CERTIFICATE OF COMPLIANCE       Interby certify that the rules and regulations of the Oil Conservatory       Bill G         Maximum Anowledge and belief.       Maximum Affairs Coordin       Sr. Regulatory Affairs Coordin	AND NATURAL AND NATURAL aate or Dry Gas Twp. Rge. 195 29E are lease or pool, <i>f necessary.</i> ation Division have nplete to the best of <b>Spencer</b>	Queen-G and 29E GAS Address (C P. 0. Address (C Frank Is gas acts give commis address (C Frank Is gas acts TITLE This tests tal able on Fill	540 , NMPM Give address i Box 2587 Give address i Phillips ually connecte Yes ingling order OIL Cl VED C S s form is to his is a requi is form must ken on the v sections of new and rec out only S	State, Federal Feet From 7 Hobbs, Hob	Tion Fee S The Wey of the New Mex red copy of the artlesvi The Mex red copy of the artlesvi The Mex April Tion Divis 6 1987 rd By The By The By The filled of the filled o	est Eddy is form is in ico 88 is form is in 11e, 0K /2-87 1.198 Post 1 3-10 SION with RULE wily drille wily drille wily drille wily drille in comple	B-8096 Cour 240 240 240 74004 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
Lesse Name       Weil No.       Pool         Conoco       "7" State       4       Ea         Locetion       D       660       Feet From The         Unit Letter       D       7       Township       195         III. DESIGNATION OF TRANSPORTER OF OIL &       Name of Authorized Transporter of Oil Or Condent       Or Condent         Conoco, Inc.       Name of Authorized Transporter of Casinghead Gas Or Condent       Or Condent         Conoco, Inc.       Name of Authorized Transporter of Casinghead Gas Or Condent       Or Condent         Conoco, Inc.       Name of Authorized Transporter of Casinghead Gas Or Condent       Or Condent         Mare of Authorized Transporter of Casinghead Gas Or Condent       Sec.       1         If well produces oil or liquids, give location of tanks.       Unit       Sec.       1         If this production is commingled with that from any oth       NOTE: Complete Parts IV and V on reverse side if       1         VI. CERTIFICATE OF COMPLIANCE       Intereby certify that the rules and regulations of the Oil Conservation given is true and comming the with and that the information given is true and comming knowledge and belief.       1       1         Sr. Regulatory Affairs Coordination       1       1       1       1         March 6, 1987       1       1       1       1       1	AND NATURAL AND NATURAL aate or Dry Gas Twp. Rge. 195 29E are lease or pool, <i>f necessary.</i> ation Division have nplete to the best of <b>Spencer</b>	Queen-G and 29E GAS Address (C P. 0. Address (C Frank Is gas actor give comma able on Fill well, this tests tal All able on Fill well nem	540 , NMPM Give address i Box 2587 Give address i Phillips ually connecte Yes ingling order OIL Cl VED C Signature s form is to his is a requise form must ken on the v sections of new and rec i out only S ne or number arele Forma	State, Federal Feet From 7 , , , , , , , , , , , , ,	Tion Fee S The M Med copy of the New Mex Med copy of the April Copy of the artlesvi April Copy of the April Copy of the Copy of the	est Eddy is form is in ico 88 is form is in 11e, 0K /2-87 1.198 Part 1 3-10 SION with RULE wily drilla pulation of ULE 111 but comple i for change	$\frac{B-8096}{Cour}$ $\frac{B-8096}{Cour}$ $\frac{Cour}{240}$ $\frac{240}{74004}$ $\frac{2}{2}$ $\frac{D-3}{74004}$ $\frac{2}{74004}$ $\frac{2}{$



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## IV. COMPLETION DATA

Designate Type of Completi	ion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Dill.
Date Spudded	Date Compl	apl. Ready to Prod.		Total Depth		<u> </u>		·	
Lievations (DF, RKB, RT, GR, etc.,						P.B.T.D. Tubing Depth			
in the for find, NT, OR, etc.,			Top Oll/Gas Pay						
Perforations				.1			Depth Casin	g Shoe	
		TUBING,	CASING, ANI	О СЕМЕНТИ	C RECORD				
HOLE SIZE CASIN	IG & TUBI	NG SIZE		DEPTH SE		SA	CKS CEMEN	<del>.</del>	
	<u> </u>							CHS CEMEN	
	+	······································		<u> </u>					
	1			+			+	·····	

## V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a. OII. WELL able for this depth or be for full 24 houre)

Date First New Oil Hun To Tanks	Date of Test	Producing Kisthod (Flow, pump, gas lift, etc.)		
Longth of Test	Tubing Pressure	Casing Pressure	Chote Size	
Actual Prod. During Test	Oll - Bbla.	Water-Bbis.	Gas-MCF	

## GAS WELL

Actual Prod. Test-KCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitol, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shut-in)	Choke Size
ويسيمه والمجمود المتحديدة والمناصب والمنابعة والمتعاومة والمتحدين والمتحد المتحدين والمتحد والمتحد والمتحد			

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