STATE OF NEW MEXICU ENGY AND MINERALS DEPARTMENT			·	Form C-10 Revised 1	
			N		
DISTRICTION DANTA FE	RECEIVEDARYTA FE, NEW				
	MAR 20 1986 REQUEST FOR	RALLOWABLE			
TRANSPORTER OIL S	AUTHORIZATION TO TRANSF	ND	R al gas		
PROMATION OFFICE	ARTESIA, OFFICE	······			
Mitchell Energy Corp	oration				·····
P.O. Box 4000, The W Reeson(s) for filing (Check proper bos	oodlands, TX 77387-4000	Other (Pleas	e explainj		
New Well XX Recompletion	Change in Transporter of: Oil Dry Ga	• □			
Change in Ownership	Casinghead Gas Conden				
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.
Conoco "7" State	13 E. Millman (QN-	-Grayburg)	State, Federal	orF•• State	B-8096
Location Unit Letter; <u>198</u>	O Feet From The South Line	• and1980	Feei From T	h•East	
Line of Section 7 To	wnship 195 Range	29Е , ммри	, Eddy	, 	County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Aid:ess (Give address	to which approve	ed copy of this form is to	o be senij
None of Authorized Transporter of Ci Conoco, Inc.		D 0 Boy 2587	Hobbe N	M 88240 ATTN	. Judy
Name of Authorized Transporter of Ca Conoco, Inc.	isinghead Gas 🔀 or Dry Gas 🗍	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587, Hobbs, NM 88240 ATTN: Judy			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	ls gas actually connect Yes			
If this production is commingled w	ith that from any other lease or pool,	give commingling orde	r number:		
COMPLETION DATA Designate Type of Completi	on - (X)	New Well Workover	Deepen	Plug Back Same Res	v. DHL Restv.
Date Spudded	Date Compl. Ready to Prod.	X Total Depth	_	P.B.T.D.	I
1/6/86 Elevations (DF, RKB, RT, GR, etc.)	2/26/86 Mame of Producing Formation	2771' Top Oil/Gas Pay		2672' Tubing Depth	
RKB 10'	Grayburg	2224'		2229' Depth Casing Shoe	
2224-2230', 2242-2269)',2332-2358',2412-2438',2 TUBING, CASING, AND	556-2581' & 260	2-2642'	2765'	
HOLESIZE	CASING & TUBING SIZE	<u>DEPTH S</u> 354 '	ET	SACKS CEM 200 SX Class	
<u>12-1/4"</u> 7-7/8"	8-5/8"	2765		675 sx Class	
1-118		2229			
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be of	ter recovery of socal volu	me of load oil a	ind must be equal to or e	xceed top allow
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hour Producing Method (Flow	1/	YOS!	<u>70-2</u> 3-86
2/26/86	3/5/86	Pump 2 ¹ / ₂ " x 2"	x 12' RWB0	C Pump Com	+BK_
Length of Test	Tubing Pressure	Casing Presewe 20 psi		($\left(x \right)$
24 hrs Actual Prod. During Test	20 psi Oll-Bbla.	Water-Bbis.		Gas-MCF	
	85	490		20	
GAS WELL				Gravity of Condensate	
Actual Frod. Tool-MCF/D	Length of Test	Bbia. Condenacte/MMC	F	Gravity of Condensate	
Teeting Method (pitot, back pr.)	Tubing Pressure (shut-in)	Cosing Pressure (Shut	-in)	Choke Size	
CERTIFICATE OF COMPLIAN	CE	OIL C		ION DIVISION	
hereby certify that the rules and	regulations of the Oll Conservation	APPROVED	MAR 24		19
ivision have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.		BY Original Signed By Les A. Clements			
		TITLE Superviser-District II			
muker	mit	11	weat for allow	ompliance with RULI able for a newly drill and by a tabulation of	ed or deepened
	well, this form mus	it be accompany well in accompany	dance with RULE 11	,	
Engineer (Tule)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.			
3/11/86 (Deite)		Fill out only Sections 1. 11, 111, 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			
1	-	Separate Form completed wells.	n C-104 munt	; De lijed for esch p	nat all aimershes)