Form 3160-5 (November 1983) (Formerly 9-331)

## UNIT STATES DEPARTMENT OF THE INTERIOR (Other Interior verse side)

SUBMIT IN TRIPLI instructions

Form approved. Budget Bureau No. 1004-0135 7.0

NM 67111

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

BUREAU OF LAND MANAGEMENT

			MULHOLINE		0.00
SUNDRY	NOTICES	AND	REPORTS	ON	WHEGEIVED

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.

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Mitchell Energy Corporation  AREA : CE   R. FARM OR LEASE NAME    Mitchell Energy Corporation   AREA : CE    AREA : CE   R. FARM OR LEASE NAME    Geronimo Federal    9. WBLL NO.    10. FIELD AND POOL, OR WILDCAT    Gem-Morrow    1980' FNL & 660' FWL (SW/NW)    11. SEC., T., E., M., OR BLE. AND    SURVEY OR AREA    Sec 31, T19S, R33E    12. COUNTY OR PARISH   13. STATE	1.	1 1 X		Oct 12 10 44	AN '90	7. UNIT AGREEMENT NA	ME
Mitchell Energy Corporation  AREA Horizontal Geronimo Federal  Number of Operators  P. O. Box 4000, The Woodlands, TX 77387  Location of Well (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  1980' FNL & 660' FWL (SW/NW)  1980' FNL & 660' FWL (SW/NW)  Sec 31, T19S, R33E  14. FERMIT NO.  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  16. ELEVATIONS (Show whether DF, RT, GR, etc.)	2.	NAME OF OPERATOR		CARI	1 305		
P. O. Box 4000, The Woodlands, TX 77387  LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  10. FIELD AND POOL, OR WILDCAT Gem-Morrow  1980' FNL & 660' FWL (SW/NW)  11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA  Sec 31, T19S, R33E  14. PERMIT NO.  15. ELEVATIONS (Show whether DF, RT, CR, etc.)  16. COUNTY OR PARISH 13. STATE			Corporation	AREA Howard	HERS		
10. FIELD AND POOL, OR WILDCAT See also space 17 below.) At surface  1980' FNL & 660' FWL (SW/NW)  1980' FNL & 660' FWL (SW/NW)  10. FIELD AND POOL, OR WILDCAT Gem-Morrow  11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA  Sec 31, T19S, R33E  12. COUNTY OR PARISH 13. STATE	3.	ADDRESS OF OPERATOR				9. WELL NO.	
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15. ELEVATIONS (Show whether DF, RT, GR, etc.)  12. COUNTY OR PARISH 13. STATE		1980' F	NL & 660' FWL (SW/NW)			11. SEC., T., R., M., OR B	LR. AND
12. COUNTY OR PARISH 13. STATI	i a					Sec 31, T19S,	R33E
3575' GL Lea NM	14.	PERMIT NO.	15. ELEVATIONS (Show whether DF, R	r, GR, etc.)		12. COUNTY OR PARISH	13. STATE
The second secon			3575' GL	·		Lea	NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOT	и к с	DE INTENTION TO:	SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF		PULL OR ALTER CASING	WATER SHUT-OFF REPAIRING WELL	1
FRACTURE TREAT		MULTIPLE COMPLETE	FRACTURE TREATMENT ALTERING CASING	-
SHOOT OR ACIDIZE		ABANDON*	SHOOTING OR ACCOUNTING ABANDONMENT*	-
REPAIR WELL	i	CHANGE PLANS	(Other) spudding, csg, & cmtg report	-
(Other)			(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

9/27-29/90

Willbros Rig #14 spudded @ 1030 hrs 9/27/90. Drld 26" hole to 513'. Cmtd 20" 106.5# K-55 Buttress csg @ 512' w/665 sx Premium Plus Light + 2% CaC12 + 1/4#/sx Flocele + 6% Gel. Followed w/50 sx Premium Plus + 2% CaCl2. Displaced w/7.4 bbls of FW @ 5 bbls/min @ 1000 psi. Circulated 162 sx. PD @ 1530 hrs 9/28/90. Cut-off conductor & 20" csg. Weld on 20" rental casing head. NU annular preventer. Test BOP and csg to 500 psi.

9/30-10/5/90

Drld 17 1/2" hole to 3065'. Cmtd 13 3/8" 61.0# ST&C K-55 csg @ 3064' w/1500 sx PP Light + 15#/sx salt + 1/4#/sx FC + 6% Gel. Followed w/300sx PP + 2% CaCl2. Displaced w/450 BFW. PD @ 0400 hrs 10/5/90 w/1200 psi. Circ 5 sx cmt to surface. WOC. Cut-off 13 3/8" and 20" csg. on 13 3/8" csghd and NU BOP's (5000 psi WP). Test BOP's to 1000 psi. GIH and test csg to 1500 psi.

Adr\_

18. I hereby certify that the foregoing is true and correct	et .	
SIGNED A.W. Tullos	TITLE Dist Drlg Mgs.	DATE10/10/90
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE

## \*See Instructions on Reverse Side

OCT 17 1990
HOBBS OPPICE