Submit 5 Copies Appropriate District Office DISTRICT I		Energy, N			w Mexico ral Resourc	es Departme	ent		Form C-104 Revised 1-1-89 See Instructions
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210		_		P.O. Bo	x 2088	<b>IVISIO</b>	Ν		at Bottom of Page
DISTRICT III		Sa	inta Fe,	New Me	xico 8750	4-2088			
1000 Rio Brazos Rd., Aztec, NM 87410						UTHORIZ	S		
Operator							Well A	<b>PINo.</b> 0025269	249
Mitchell Energy Corpo Address	ration			<u></u>				0 025 205	
P.O. Box 4000, The Wo	odland	s, Texa	as 773	87-400		n (Planna arrola			
Reason(6) for Filing (Check proper box) New Well		Change in	n Transpor	rter of:		er (Please expla	ыл)		
Recompletion	Oil		Dry Gas						
Change in Operator	Casinghe	ad Gas	Condens	sate					
and address of previous operator		<u> </u>		<u> </u>		<u></u>			· · · · · · · · · · · · · · · · · · ·
II. DESCRIPTION OF WELL Lease Name	AND LE	ASE Well No.	Pool Na	me. Includir	ng Formation		Kind o	of Lease	Lease No.
San Simon "6" State C	om	1			mon (Wo	fcamp)		Federal or Fee	LG-893 & LG3
Location Unit Letter H	:19	80	_ Feet Fro	om The <u>No</u>	rth_Line	and660	Fe	et From The <u>I</u>	EastLine
	_	225		35E		APM,	Le	a	County
Section 6 Townshi	p		Range	<u> </u>	, 141	<u> </u>	<u></u> <u></u>	<u>u</u>	<u> </u>
III. DESIGNATION OF TRAN		OF CONDE		D NATUI	Address (Giv	e address to wi	uch approved	copy of this form	n is to be sent)
Name of Authorized Transporter of Oil Texaco Trading & Tran	XX sporta							d, <u>TX 79</u>	
Name of Authorized Transporter of Casing	ghead Gas	X	or Dry	Gas 📃	Address (Giv	e address to wh	tich approved	copy of this form	n is to be sent) TX 77387-4000
Mitchell Energy Corp If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actuali		When		
give location of tanks.	Н	6	225	35E	Yes		4-2	28-81	
If this production is commingled with that IV. COMPLETION DATA	from any of	her lease of	r pool, giv	e commingli	ing order num	xer:			<u></u>
		Oil We	n C	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v Diff Res'v
Designate Type of Completion		npl. Ready i	Lo Prod		Total Depth		<u>]</u>	P.B.T.D.	1
Date Spudded	Date Con	ipi. Keauy i	lo ríod.	:	-			1.5.1.5.	
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing I	ormation		Top Oil/Gas	Pay		Tubing Depth	
Perforations	1		,			<u></u>		Depth Casing	Shoe
		TURING	CASIN	IC AND	CEMENT	NG RECOR	D	<u> </u>	
HOLE SIZE		ASING & T			CEMENT	DEPTH SET		SA	CKS CEMENT
				- t					
V. TEST DATA AND REQUES OIL WELL (Test must be after )	ST FOR	ALLOW total volum	e of load a	oil and must	be equal to or	exceed top all	owable for this	s depth or be for	full 24 hours.)
Date First New Oil Run To Tank	Date of T				Producing M	ethod (Flow, pr	ump, gas lift, e	ntc.)	
Length of Test	Tubing P				Casing Press	1re		Choke Size	
Lengui or rest	Tubing r	leasure			- 0				
Actual Prod. During Test	Oil - Bbl	ŝ.			Water - Bbls			Gas- MCF	
GAS WELL	.1				I			·	
Actual Prod. Test - MCF/D	Length o	f Test	<u> </u>		Bbls. Conder	sate/MMCF		Gravity of Co	ndensate
Testing Method (pilot, back pr.)	Tubing P	ressure (Sh	ut-in)		Casing Press	ure (Shut-in)		Choke Size	
VI. OPERATOR CERTIFIC		E COM	DIIAN	JCF	1				
I hereby certify that the rules and regu				ICL .		DIL CON	<b>NSERV</b>	ATION E	VISION
Division have been complied with and is true and complete to the best of my	that the inf	ormation gi		e		A	. d	i	aug 24'92
	10				Date	e Approve	ea		
plonge of	will	<u> </u>			By_	ORIGIN	AL SIGNED	BY JERRY	EXTON
Signaturé U George Mullen Reg.	. Affai	rs Spe		st	-, _			SUPERVISO	
Printed Name			Title		Title			4e	
<u>8-18-92</u> Date	(713)	<u>377–58</u> Te	lephone N	₩o.					
INSTRUCTIONS: This for	m je to b	a filed in	complia	ance with	Rule $1104$				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Coores Appropriate District Office <u>DISTRICT</u> 1 20. Box 1980, Hobbs, NM 88240	I	State of New Mexico gy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION							
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			P.O. B	ox 2088					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			Fe, New M						
Ι.			ALLOWAE	······································		S			
Openator Mitchell Energy Corpo	ration					Well A 3	PINO. 002526	5949	
Address — D. O. Boyr 4000	THE Heed			7207 400					
P.O.Box 4000, Reason(s) for Filing (Check proper box)	, THE WOOD		, iexas /		r (Please expia	in)			
New Well			nsporter of:	*					
Change in Operator	Oil Casinghead Ga	· · · ·	y Gas 🖉 🖂 odensate 🗌		Change d	operator	effect	ive 7/1,	/91
f change of operator give name Enro	on Oil & G	ias Con	npany, P.	O. Box	2267, Mic	dland, T	exas 79	702	<b></b>
I. DESCRIPTION OF WELL							-		
Lease Name San Simon 6 State Com	-		o <mark>l Name, Includi</mark> ast Grama		lorrow		LeaseSTAT		ase No.
Location	•	1   L						LG 3	
Unit LetterH	. 1980	Fe	et From The	orth Lin	and66	0 F <del>a</del>	t From The	east	Line
Section 6 Township	<b>p</b> 22S	Ra	nge 356		1PM.		Lea		County
	<u> </u>			<b>.</b> .					<u></u>
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	or (	Condensate			address to wh	ich approved	copy of this fo	vm is to be se	nt)
Enron Oil Trading & T				Box 2010	08, Shrev	eport,	A 71120	)	
Name of Authonized Transporter of Casing Mitchell Energy Corpo	-	or l	Dry Gas 🌋 🗌		address to wh				
If well produces oil or liquids, ive location of tanks.	Unit Sec			Is gas actually		When	?		
this production is commingled with that f	H 6	I .=		Yes			4/28	5/01	
V. COMPLETION DATA		•		-					
Designate Type of Completion -		il Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compi. R	eady to Pro	đ.	Total Depth			P.B.T.D.	·	
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	cing Forma	tion	Top Oil/Gas 1	ay	- <u> </u>	Tubing Dept	h	
Perforations							Depth Casin	- 5hee	
							Бери Сам	g Shoe	
			SING AND	CEMENTI		D			
HOLE SIZE	CASING	G & TUBIN			DEPTH SET		5	ACKS CEM	ENT
. TEST DATA AND REQUES				he couldo an		untile for this			
<b>IL WELL</b> (Test must be after re Date First New Oil Run To Tank	Date of Test	nume oj lo	uu vu and misi		thod (Flow, pu			от јин <b>24 ЛОН</b>	
ength of Test	Tubing Parts			Casing Prese	re.		Choke Size		
	Tubing Pressure		Casing Pressure						
	Oil - Bbls.			Water - Bbls.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF		·
Actual Prod. During Test	Oil - Bbls.			Water - Bbls. Bbls. Conden	ate/MMCF		Gas- MCF Gravity of C	Condensate	
GAS WELL crual Prod. Test - MCF/D	Length of Test	(Shitt-in)		Bbls. Conden			Gravity of C	Condensate	
GAS WELL Crual Prod. Test - MCF/D		: (Shut-in)						Condensate	
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D esting Method (pilos, back pr.) 71. OPERATOR CERTIFIC/	Length of Test Tubing Pressure ATE OF CC	OMPLL		Bbls. Conden Casing Pressu	re (Shut-in)	SEDV	Gravity of C Choke Size		
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D esting Method (pilot, back pr.) /I. OPERATOR CERTIFICA I hereby certify that the rules and regula Division have been complet with and the	Length of Test Tubing Pressure ATE OF CC ations of the Oil ( that the information	OMPLL Conservatio	a	Bbls. Conden Casing Pressu		SERVA	Gravity of C Choke Size		DN
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D esting Method (pilot, back pr.) /I. OPERATOR CERTIFIC/	Length of Test Tubing Pressure ATE OF CC ations of the Oil ( that the information	OMPLL Conservatio	a	Bbls. Conden Casing Pressu	re (Shut-in)		Gravity of C Choke Size	DIVISIO	
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D estung Method (pilot, back pr.) /I. OPERATOR CERTIFIC/ I hereby certify that the rules and regula Division have been complete with and the	Length of Test Tubing Pressure ATE OF CC ations of the Oil ( that the information	OMPLL Conservatio	a	Bbls. Conden Casing Pressu Date	ne (Shut-in) DIL CON Approved	d b	Gravity of C Choke Size	DIVISIO	
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D esting Method (pilot, back pr.) /I. OPERATOR CERTIFICA I hereby certify that the rules and regula Division have been complete with and the is true and complete to the best of my known	Length of Test Tubing Pressure ATE OF CC ations of the Oil ( that the information mowledge and be	OMPLL Conservatio on given at lief.	a	Bbls. Conden Casing Pressu Date		d b	Gravity of C Choke Size	DIVISIO	
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D esting Method (pilot, back pr.) 7I. OPERATOR CERTIFICA I hereby certify that the rules and regula Division have been complete with and the is true and complete to the best of my ke	Length of Test Tubing Pressure ATE OF CC ations of the Oil O that the information mowledge and be atory Ana	OMPLL Conservatio on given at lief.	na xove	Bbls. Conden Casing Pressu Date By	ne (Shut-in) DIL CON Approved	b	Gravity of C Choke Size	DIVISIC	

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

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.

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 Separate Form C-104 must be filed for each pool in multiply completed wells.

A measure of the Annual An

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Submit 5 Codies Appropriate District Office <u>DISTRICT 1</u> F.O. Box 1980, Hobbs, NM 88240			verais a	nd Nat	ew Mexico urai Resour					Revi S <del>ce</del> I	n C-104 sed 1-1-89 instructions ottom of Page
DISTRICT II P.O. Drawer DD, Anesia, NM 8821		OIL CO	F	P.O. B	ox 2088			N			
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aziec, NM 87	410 REQU	JEST FOF			exico 875						
(		TOTRAN						AS			
Openauor Mitchell Energy Cor	poration								<b>api n</b> o. O 025 26	5949	
Address — P.O.Box 40	00, The Wo	odlands	,Texa	ıs 77	387-4000						<del>.</del>
Reason(s) for Filing (Check proper b			-			er (Pleas	e expla	un)			
New Well	Oil	~î	y Gas			Char	nae (	operato	r effect	tive 7/	1/91
Change in Operator					O Rev				······		
I. DESCRIPTION OF WE	nron Oil 8		iipany	<u>, r.</u>	U. DUX	2207	<u></u>	<u>alana,</u>	lexas /	9702	
Lease Name	LL AND LEA	Well No. Po	ol Name	, Includi	ng Formation				of Lease Sta		Lease No.
<u>San Simon 6 State C</u> Location	om.	1 9	San S	imon	Wolfcam	ıp		State,	Federal or Fe		893 &
Unit LetterH	19	980 Fe	et From '	The	north Lin	e and	660	Fe	et From The	oact	3609 Line
Section 6 Tow	muship 22S	Ra	nge	35E	, NI	MPM.	Lea				County
II. DESIGNATION OF TR Name of Authorized Transporter of C		R OF OIL		NATU							
Enron Oil Trading &	Transp.,	Inc.		]		08, 5	Shrev	veport,	LA 7112	20	
Name of Authonized Transporter of C Mitchell Energy Cor	-	X or	Dry Gas						copy of this )		<del>: sent)</del> Tx 79701
f well produces oil or liquids, ive location of tanks.		Sec. Tw		<b>Rge.</b> 35	is gas actuali Yes			When			1X 79701
this production is commingled with V. COMPLETION DATA	that from any othe	r lease or pool	, give co	mingl	ing order numi	per:		l`			
Designate Type of Complet	ien (%)	Oil Well	Gas	Well	New Well	Worko	ver	Deepen	Plug Back	Same Res	v Diff Res'v
Designate Type of Complet Date Spudded		Ready to Pro	<u>ا</u>		Total Depth				P.B.T.D.	<u> </u>	
levations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Forma	tion		Top Oil/Gas I	2y			Tubing Dep		
erforations									Depth Casir		· · · · · · · · · · · · · · · · · · ·
										ig anoc	
HOLE SIZE		UBING, CA			CEMENTI	NG RE		<u> </u>	<u></u>	SACKS CE	MENT
								· · · · · · · · · · · · · · · · · · ·			
. TEST DATA AND REQU	JEST FOR AL	LLOWABI	LE		<u></u>						
	er recovery of tota	d volume of lo								for full 24 h	ours.)
ale First New Oil Run 10 1201	Date of Test				Producing Me	unoa (ru	ow, pur	np, gas ly1, e	1C.)		
ength of Test	Tubing Press	sure			Casing Pressu	re			Choke Size		
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF		·
GAS WELL											
ctual Prod. Test - MCF/D	Length of Te	st			Bbls. Condens	ate/MM	CF		Gravity of C	Condensate	
sting Method (pilot, back pr.)	Tubing Press	aire (Shut-in)			Casing Pressu	re (Shut-	io)		Choke Size		
I. OPERATOR CERTIF					[						-
I hereby certify that the rules and re Division have been complied with a	gulations of the O and that the inform	il Conservation ation given ab	0			DIL C	ON	SERVA	ATION	DIVISI	
is true and complete to the best of r	ny knowledge and	belief.			Date	Appr	ovec	I		· ·	• •, •
Stature Sel	you				By_						
Betty Gildon, Rec				_							
Printed Name 6/21/91		915/686-			litle_						
Date		Telephon	5 INO.		l .						

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

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.

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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.

Submit 3 Copies to Appropriate Dist. Office

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

### OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

INSTRUCTIONS ON REVERSE SIDE

Revised 1-1-89

This form <u>is not</u> to be used for reporting packer leakage tests in <u>Northwest</u> New Mexico

## SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator	Enron Oil & Gas Company	Lea	San Simon 6 S	State Com.	Well No. 1
Location of Well	Unit 14 Sec. 6	Twp 22S	Rge 35E	County	l
	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size
Upper Compl	San Simon (Wolfcamp)	Oil	Flow	Tbg.	W/O
Lower Compl	Grama Ridge, East (Morrow)	Gas	Flow	Tbg.	W/O

#### FLOW TEST NO. 1

Both zones shut-in at (hour, date):	9:00 am	4/22/91			
Well opened at (hour, date):	9:00 am	4/23/91		Upper Completion *	Lower Completion
Indicate by ( X ) the zone producing.			••••••		
Pressure at beginning of test			•••••	50	450
Stabilized? (Yes or No)			•••••	Yes	Yes
Maximum pressure during test				50	450
Minimum pressure during test		•••••		0	450
Pressure at conclusion of test			•••••••••••••••••••••••••••••••••••••••	0	450
Pressure change during test (Maximur	n minus Minimu	m)	•••••	50	0
Was pressure change an increase or a	decrease?			Decrease	
Well closed at (hour, date): 9:00	Dam 4/2	4/91	Total Time On Production	24.0 HRS	
Oil Production During Test: 0 bbls; Grav.		Gas Production During Test		MCF; GOR	_

Remarks Wolfcamp vented to atmosphere

FLOW TEST NO. 2 Well opened at (hour, date): 9:00 am 4/25/91	Upper Completion	Lower Completion
Indicate by (X) the zone producing	·	X
Pressure at beginning of test	50	450
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test		450
Minimum pressure during test	50	150
Pressure at conclusion of test		150
Pressure change during test (Maximum minus Minimum)	<u> </u>	300
Was pressure change an increase or a decrease?		Decrease
Total time on	0 HRS	
Oil production Gas Production	CF; GOR	
Remarks		

	IFICATE OF COMPLIANCE information contained herein is true st of my knowledge	OIL CONSERVATION DIVISION
Enron Oil & G	as Company	Date Approved
	l Services, Inc.	By
Donnie Dicker Printed Name	son Agent Title	Title
5/2/91	505-393-1736	
Date	Telephone No.	

## INSTRUCTIONS FOR SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such test shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.

2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operato s shall also be so notified.

3 The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized and for minimum of two hours thereafter, provided, however, that they need not remain shut-in more than 24 hours.

4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued until the flowing wellhead pressure has become stabilized and for minimum of two hours thereafter, provided however, that the flow test need not continue for more than 24 hours.

5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.

6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedure for Flow Test No. 2 is to be the same as for Flow Test No. 1 except that the previously produced zone shall remain shut-in while the previously shut-in zone is produced.

7. All pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges, the accuracy of which must be checked with deadweight tester at least twice, once at the beginning and once at the end, of each flow test.

8. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the appropriate District Office of the New Mexico Oil Conservation Division on Southeast New Mexico Packer Leakage Test Form Revised 1-1-89, together with the original pressure recording gauge charts with all the deadweight pressures which were taken indicated thereon. In lieu of filing the aforesaid charts, the operator may construct a pressure versus time curve from each zone of each test, indicating thereon all pressure changes which may be reflected by the gauge charts as well as all deadweight pressure readings which were taken. If the pressure curve is submitted, the original chart must be permanently filed in the operator's office. Form C-116 shall also accompany the Packer Leakage Test Form when the test period coincides with a gas-oil ratio test period.

Submit 3 Copies to Appropriate Dist. Office

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

# **OIL CONSERVATION DIVISION**

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 INSTRUCTIONS ON REVERSE

Revised 1-1-89

This form <u>is not</u> to be used for reporting packer leakage tests in <u>Northwest</u> New Mexico

## SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Enron Oil & Gas Compar	าy		Lease San Simon 6	State Com.	Well No.
Location Unit of Well	Sec. 6	Twp 22	S Rge 35E	County	a
Name of Reservoir or	Pool	Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size
Upper Compl San Simon (Wolfcan	np)	oil	Flow	Tbg.	32/64
Lower Compl Grama Ridge, East	(Morrow)	gas	Flow	Tbg.	24/64
		FLOW	TEST NO. 1		
Both zones shut-in at (hour, date):	9:45 A.	m (a	(-27-95)		
- Well opened at (hour, date):		(	······	Upper Completion	Lower Completion
Indicate by (X) the zone producin					$\chi'$
				$\sim$	415
Pressure at beginning of test				· · · · ·	· · · · · · · · · · · · · · · · · · ·
Stabilized? (Yes or No)				~	Ves
Maximum pressure during test	: • • • • • • • • • • • • • • • • • • •		••••••	<u> </u>	415
Minimum pressure during test		••••••			
Pressure at conclusion of test	••••••	••••••••••••••••		O	_140
Pressure change during test (Maxim	um minus Minin	num)	•••••••••••••••••••••••••••••••••••••••	0	_275
Was pressure change an increase or	a decrease?			NONE	
Well closed at (hour, date):			<b>Total Time On</b>	24 HR5	
Oil Production During Test:bbls; Gra		Gas Producti		· · · · · · · · · · · · · · · · · · ·	
_				MCF; GOR	
Remarks <u>Wolfcampw</u>			TECTNO		
Well opened at (hour, date): 97	45 A.M.	(4-28-	<u>40)</u>	Upper - Completion	Lower Completion
Indicate by ( $X$ ) the zone product				,	
Pressure at beginning of test	•••••••••••••••••••••••••••••••••••••••	•••••	•••••••••••	0	
Stabilized? (Yes or No)					
Maximum pressure during test					
Ainimum pressure during test					
ressure at conclusion of test					
ressure change during test (Maximi					
Vas pressure change an increase or			Total time on	NONE	
Vell closed at (hour, date) Dil production		<b>A</b> . <b>B</b> . <b>1</b> *	Production		
During Test:bbls; Gra	av;	During Test	MC	CF; GOR	
emarks Zone was d					
OPERATOR CERTIFICA					

I hereby certify that the is and completed to the bes Enron Oil & GAS	LIF.	OIL CONSERVATION DIVISION MAY ~ 7 1990 Date Approved
Signature	Sillon	ByDRIGHAL SIGNED BY JEFRY SEXYON DISTRICT I SUPARALDR
Printed Name 5/3/90	Idon, Regulatory Analyst Tide 915/686-3714	Title
Date	Telephone No.	

Location       LG 3609         Unit Letter       H       1980       Feet From The north Line and 660       Feet From The east         Line of Section       6       Township       22S       Range       35E       NMPM, Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Nene of Authorized Transporter of Cill (County)       or Condensate       Address (Give address to which approved copy of this form is to be sent)         Enron 011 Trading & Transp., Inc.       Box 20108, Shreveport, LA 71120         Name of Authorized Transporter of Casinghead Gas (County)       Box 2267, Midland, Texas 79702         Enron 011 & Gas Company       Box 2267, Midland, Texas 79702         If well produces oil or liquids, qive location of tanks.       Unit Sec.       Twp. 'Fige.       Is gas actually connected?       When         Wee location of tanks.       H       6       22       35       Yes       4/28/81         If this production is commingled with that from any other lease or pool, give commingling order number:       IV. COMPLETION DATA       County		DISTRIBUTION	4					
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and address of previous sense;       Two ONE Counters 1 + 0: 300 2007 (JIIIIIIIII, 1838 79/02)         II. DESCENTION OF WELL AND LEASE;       Two IIIIIIIIII, 1838 59/02         San Sizon 6 State Oos.       1       San Sizon Nolf camp         San Sizon 6 State Oos.       1       San Sizon Nolf camp         Iteration       1       San Sizon Nolf camp       Dave, Federal or Pres State       LC 3009         Iteration       1       San Sizon Nolf camp       Dave, Federal or Pres State       LC 3019         Iteration       1       San Sizon Nolf camp       Dave, Federal or Pres State       LC 3019         Iteration       1       San Sizon Nolf camp       Dave State       Dave State       Dave State         Iteration       1       San Sizon Nolf camp       Dave State       Dave S		Change in Ownership X		<u> </u>	or Name			
Line as None       Sam Since 1       Sam Since 1       Sam Since 1       Sam Since 1       Line also       Line		If change of ownership give name and address of previous owner	HNG OIL COMPANY, P. O.	Box 2267, Midland, Texa	s 79702			
Line as None       Sam Since 1       Sam Since 1       Sam Since 1       Sam Since 1       Line also       Line	11.	DESCRIPTION OF WELL AND	LFASE	.•	,			
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It will product of Undat.       Unit jesc.       Two, income for a set of the set s		Name of Authorized Transporter of Cas	singhead Gas 🕵 or Dry Gas 🗍	Address (Give address to which appr	oved copy of this form is to be sent)			
www.isersion.of.umiz,       H       6       22       35       Yes       4/28/81         If this production is commingled with that from any other lease or pool, give commingling order number:       IV       COMPLETION DATA         V       COMPLETION DATA       Designate Type of Completion – (X)       Call Well       New Well       New Well       Processor       Plog Back 'Same Resm.' Diff, Resm.'         Date Splated       Date Compl. Freedy to Producing Formation       Total Depth       pl.T.D.       Plog Back 'Same Resm.' Diff, Resm.'         Date Splated       Date Compl. Freedy to Producing Formation       Total Depth       pl.T.D.         Performance       Depth Cosing Bhose       Total Depth       pl.T.D.         Performance       Depth Cosing Bhose       Total Depth       pl.T.D.         Performance       Depth Cosing Bhose       Total Depth       pl.T.D.         V. TEST DATA AND REQUEST FOR ALLOWABLE       (Test must be direr recovery of total volume of load oil and mast be equal to er exceed top oillow all for title cont or be (mith are beind fride and mast be equal to er exceed top oillow all for title cont or be (mith are beind fride and mast be equal to er exceed top oillow all for title cont or beind fride and mast be equal to er exceed top oillow all for title cont or beind fride and mast be equal to er exceed top oillow all for title cont or beind fride and mast be equal to er exceed top oillow all for title cont or beind fride and ber title cont or beind fride and ber title cont								
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Doise First New Oil Run To Tanks       Date of Test       Producting Method (Flow, pump, gas lift, etc.)         Length of Test       Tubing Pressure       Cosing Pressure       Choke Size         Actual Prod. During Test       Oil-Bbls.       Gas-MCF         GAS WELL       Actual Prod. Test-MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Testing Method (pilot, back -,)       Tubing Pressure (Shut-in)       Cosing Pressure (Shut-in)       Choke Size         VI. CERTIFICATE OF COMPLIANCE       OIL CONSERVATION COMMISSION       APPROVED       MAR 2 4 1987       19         I hereby certify that the rules and regulations of the Oil Conservation show been completed with and that the information given show is true and complete to the best of my knowledge and belief.       District I Supervisor       11LE       District I Supervisor         Nutty       If the is a request for allowable for a newly drilled or despendition test to the secongenied by a tebulation of the Geniation test to the secondence with RULE 1104.       Att sections of the Geniation test in the completed with a consistence with RULE 1104.         Betty Gildon, Regulitory Analyst       This form must be filed out completely for ellowed for of the Geniation test in the secondence with RULE 111.         Attack on the well in accordance with RULE 111.       Fill out only Sections I. H. III, end VI for charges of owner with and the completely or transported or the such charges of owner well name or number, or transported or the such	v.			fter recovery of total volume of load oil other of load oil other or be for full 24 hours)	and must be equal to or exceed top allow-			
Actual Prod. During Teel       Oll-Bbls.       Gas-MCF         GAS WELL       Actual Prod. Teel-MCF/D       Length of Teel       Bbls. Condensate/MMCF       Grevity of Condensate         Testing Method (puror, dack ::.)       Tubing Pressure (Shut-In)       Casing Pressure (Shut-In)       Choke Size         VI. CERTIFICATE OF COMPLIANCE       OIL CONSERVATION COMMISSION         I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to: the best of my knowleage and belief.       ORIGINAL SIGNED BY JERRY SEXTON         Matry       Gingnewer)       Title       DISTRICT I SUPERVISOR         Betty Gildon, Regulatory Analyst       This form is to be filed in compliance with Rule 1104.       If this is a request for a newly diffied or deepenene with suce time and recompleted wells:         I D (D)       (Tritie)       Tritie/       Fill out only Sections I. II. III, and VI for charges of owner: well name or number, or transporter, or other such change of condition	ĺ		Date of Test	Producing Method (Flow, pump, gas l	ijs, esc.) .			
Actual Prod. During Test       Oll-Bbls.       Water-Bbls.       Gas-MCF         GAS WELL       Actual Prod. Test-MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Testing Method (piror, dock -r.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. CERTIFICATE OF CONFLIANCE       OIL CONSERVATION COMMISSION         I hereby certify that the rules end regulations of the Oil Conservation form above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION COMMISSION         MAR 2 4 1987       .19         ORIGINAL SIGNED BY JERRY SEXTON         TITLE       DISTRICT I SUPERVISOR         This form is to be filed in compliance with RULE 1104.         If this is a request for allowable for a newly drilled or degreered well, this form must be scored with RULE 111.         All sections of this form must be filled out completely for ellowable for a newly drilled or degreered well, this form must be filled out completely for ellowable for a newly drilled or degreered well.         If this is a request for allowable for a newly drilled or degreered well.         If this is a request for allowable for a newly drilled or degreered well.         If this is a request for allowable for a newly drilled or degreered well.         If this is a request for allowable for a newly drilled or degreered well.         If this is a request for allowable for a newly drilled or degreered well.		Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
GAS WELL         Actual Prod. Test-MCF/D       Length of Test         Testing Method (putor, back -r.)       Tubing Pressure (Shut-in)         Casing Pressure (Sbut-in)       Choke Size         VI. CERTIFICATE OF COMPLIANCE       OIL CONSERVATION COMMISSION         I hereby certify that the rules end 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.       OIL CONSERVATION COMMISSION         MAR 2 4 1987       .19         By       ORIGINAL SIGNED BY JERRY SEXTON         TITLE       DISTRICT I SUPERVISOR         This form is to be filed in compliance with RULE 1104.       If this is a request for allowable for a newly drilled or deepend well, this form must be sublation of the deviation of the certain accompanied by a tabulation of the certain accompanied by a tabulation of the deviation of the sublation of the deviation test taken on the well in accondence with RULE 111.         All sections of this form must be filled out completely for allowable on new and recompleted wells:         Fille of moder of number, of tanaporter, or other such change of cendition of the appender of other such change of cendition				•				
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