Submit 5 Copies Appropriate Nistrict Office	ł	nergy, Mi	State of N inerals and Nat	ew Mexico ural Resour	ces Departm	ent		Form C-1 Revised 1	-1-89	
<u>DISTRICT -</u> P.C. Box 198:), Hobbs, NM 88240				NT		See Instru at Bottom				
DISTRICT II P.O. Drawer DD, Anesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088									
DISTRICT III		San	ta Fe, New M	exico 875	04-2088					
1000 Rio Brazos Rd., Aztec, NM 87410	REQU	IEST FO	R ALLOWA	BLE AND	AUTHORI	ZATION				
I. Operator		TO TRAN	SPORT OIL	AND NA	TURAL G		API No.			
Mitchell Energy Corp	oration						0 025 28	480		
Address D. Dow 4000 mbc	Weedler		77207 40			4 , •				
P. O. Box 4000, The Reason(s) for Filing (Check proper box)	woodlan	ds, TX	77387-40		er (Please expla	zin)				
New Well			ransporter of:							
Change in Operator	Oil XX Dry Gas Casinghead Gas Condensate									
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name		Well No. P	ool Name, includi	-			of Lease Paderal or Fee	Lea LG 41	se No.	
San Simon 5 State		2	San Simon	Wolfca	np				.30	
Unit LetterG	_ :198	0F	eet From The	lorth	e and	Fe	et From The _	East	Line	
Section 5 Townshi	n 22S		255	_	MPM,	Lea			County	
	P				vif IV1;	1004				
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		COF OIL			e address to wh	ick approved	copy of this for	rm is to be sen	y	
Texaco Trading & Tran	X			P.O.B	ox 60628	, Midla	nd, TX	<u>79711-06</u>	28	
Name of Authorized Transporter of Casing Mitchell Energy Corpo	Authorized Transporter of Casinghead Gas X or Dry Gas						copy of this for odlands.		1) 187-4000	
If well produces oil or liquids,		Sec. T	wp. Rge.							
give location of tanks.										
If this production is commingled with that 1 IV. COMPLETION DATA	rom any othe	r lease or po	oi, give commingi	ing order min	Der:					
Designate Type of Completion	0	Oil Well	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to Pi	rod.	Total Depth		l	P.B.T.D.		L,	
•										
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	nation	Top Oil/Gas	ray		Tubing Dept	L		
Perforations	I			I			Depth Casing	Shoe		
····	TT	IBING C	ASING AND	CEMENT	NG RECOR	D	<u> </u>			
HOLE SIZE		NG & TUB			DEPTH SET		S	ACKS CEME	NT	
· · · · · · · · · · · · · · · · · · ·								·		
V. TEST DATA AND REQUES	T FOR AL	LOWAR					1			
OIL WELL (Test must be after re								r full 24 hours	.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	ethod (Flow, pu	mp, gas lift, i	stc.)			
Length of Test	Tubing Press	ure		Casing Press	Casing Pressure			Choke Size		
Actual Daning Test	01 01	· • • • •		Water - Bbis.	<u>. </u>		Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Waldt - DUR						
GAS WELL										
Actual Prod. Test - MCF/D	Length of Te	st		Bbls. Condea	sate/MMCF		Gravity of Condensate			
Festing Method (pilot, back pr.)	Tubing Press	ure (Shut-in))	Casing Press	ure (Shut-in)		Choke Size			
				۱ ۱					<u></u>	
VI. OPERATOR CERTIFICA I hereby certify that the rules and regular					DIL CON	ISERV	ATION [DIVISIO	N	
Division have been complied with and the	hat the inform	ntion given a		FEB 07'S2				' 92		
is true and complete to the best of my kn		OCLICI.		Date	Approve	d			<u></u>	
Deorge Mu	iller		<u> </u>	Bu	م بني المريمين. منابع	et inder	e te st	y 1821 :		
Signature George Mullen Regulat	tory Af	f <u>airs S</u>	<u>peciali</u> st	^{Uy} _	<u></u>		9 . F			
Printed Name 1/31/92	71	Ti	ilie 5855	11						
Date		Telepho								

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.

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.

Appropriate District Office	State of New Mexico F ,y, Minerals and Natural Resources Department								Form C- Revised I See Instr	-1-89
P.G. Box 1980, Hobbs, NM 88240	NM 88240 OIL CONSERVATION DIVISION								at Botton	n of Page
DISTRICT II P.O. Drawer DD, Anesia, NM 88210	awer DD, Anesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088									
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		JEST FO	R ALI	LOWAE		AUTHOF				
I. Operator			<u>18PC</u>		AND NAT	FURAL (GAS Well A	.PI No.		
Mitchell Energy Corpo	ration						30	025 28480		
Address — P.O. Box 4000,	The Woo	dlands,	, Tex	tas 773	387-4000					
Reason(s) for Filing (Check proper box)		Change in T	ransoor	ter of:	Ϋ́ Othe	er (Please ex	plain)			
Recompletion	Oil		Dry Gas			Change	operator	• effectiv	e 7/1/	91
Change in Operator										
and address of previous operator Enro	<u>on Oil 8</u>	• Gas Co	mpar	<u>ıy, P.</u>	0. Box 2	2267, M	lidland, 1	<u>exas 7970</u>	2	
II. DESCRIPTION OF WELL	AND LEA								·	
Lease Name San Simon 5 State		Well No. F			ng Formation Wolfcamp	2		of LeaseState Federal or Fee	LG 4	ise No. 135
Location	I	l_			·· · ······				·	100
Unit LetterG	_ :1980	' F	ica Fro	m The	orth Line	and1	980 Fe	et From The	ast	Line
Section 5 Townshi	2 2	S F	lange	35E	. NN	APM.	Lea			County
III. DESIGNATION OF TRAN	· · · · · · · · · · · · · · · · · · ·) NATU	· · · · · · · · · · · · · · · · · · ·			·#_,		count
Name of Authorized Transporter of Oil Enron Oil Trading & I		or Condensa	1.	来	Address (Giw		which approved eveport,	copy of this form	is to be ser	u)
Name of Authorized Transporter of Casin		· · · · · · · · · · · · · · · · · · ·	r Dry C	ias 🚈	Address (Give	address to	which approved	copy of this form		
	itchell Energy Corporation					400 W. Illinois, Ste 1000, Midland, Tx 79				
if well produces oil or liquids, give location of tanks.						yes (7/8/86				
If this production is commingled with that						xer:	······································			- ··· ··· ··· ··· ··· ···
IV. COMPLETION DATA		Oil Well		as Well	New Well	Westerne	Dara	Dive Death (Co		big parts
Designate Type of Completion	- (X)			IS WCII	New Well	Workover	Deepen	Plug Back Sa	me kesv	Diff Res'v
Date Spudded	Date Comp	i. Ready to P	TOd.		Total Depth		•	P.B.T.D.		•
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing S	hoe	
	T	UBING, C	:ASIN	G AND	CEMENTIN	NG RECC	RD	1		
HOLE SIZE	CAS	SING & TUB	ING SI	ZE		DEPTH SE	Т	SAC	CKS CEME	INT
• <u>•••</u> ••••••••••••••••••••••••••••••••				1				1		
V TEST DATA AND REQUES	T FOR A									
				and must					full 24 hour	s.)
		al volume of		l and must			illowable for this pump, gas lift, e		full 24 hour	5.)
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes	tal volume of I		l and musi		schod (Flow,			fuli 24 hour	5.)
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test	ecovery of tol Date of Tes Tubing Pres	tal volume of I		l and musi	Producing Me Casing Pressu	schod (Flow,		tc.) Choke Size	fuli 24 hour	s.)
Date First New Oil Run To Tank	Date of Tes	tal volume of I		l and must	Producing Me	schod (Flow,		<i>tc.)</i>	fuli 24 hour	5.)
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test	ecovery of tol Date of Tes Tubing Pres	tal volume of I		l and must	Producing Me Casing Pressu	schod (Flow,		tc.) Choke Size	full 24 hour	5.)
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test	ecovery of tol Date of Tes Tubing Pres	tal volume of t ssure		l and must	Producing Me Casing Pressu	ethod (Flow,	pump, gas lift, e	tc.) Choke Size	· · · · · · · · · · · · · · · · · · ·	s.)
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	Date of Tes Date of Tes Tubing Pres Oil - Bbls.	tal volume of s ssure fest	load ou	l and muss	Producing Me Casing Pressu Water - Bbls. Bbls. Conden	re re	pump, gas lift, e	(C.) Choke Size Gas- MCF	· · · · · · · · · · · · · · · · · · ·	5.)
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	Date of Tes Date of Tes Tubing Pres Oil - Bbls.	tal volume of t ssure	load ou	l and musi	Producing Me Casing Pressu Water - Bbls.	re re	pump, gas lift, e	(C.) Choke Size G25- MCF	· · · · · · · · · · · · · · · · · · ·	s.)
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.)	Covery of tol Date of Tes Tubing Pres Oil - Bbls.	tal volume of st saure Fest saure (Shut-in	10ad ou		Producing Me Casing Pressu Water - Bbls. Bbls. Conden Casing Pressu	re sate/MIMCF	pump, gas lift, e	Choke Size Gas- MCF Gravity of Con Choke Size	densate	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (puot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regula	Date of too Date of Tes Tubing Pres Oil - Bbls. Length of T Tubing Pres ATE OF ations of the	tal volume of st ssure fest ssure (Shut-in COMPL Oil Conservat	load ou l) JANG tion		Producing Me Casing Pressu Water - Bbls. Bbls. Conden Casing Pressu	re sate/MIMCF	pump, gas lift, e	(C.) Choke Size Gas- MCF	densate	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (puol. back pr.) VI. OPERATOR CERTIFIC	Date of too Date of Tes Tubing Pres Oil - Bbls. Length of T Tubing Pres ATE OF ations of the othat the information	tal volume of a ssure fest ssure (Shut-in COMPL Oil Conserval mation given	load ou l) JANG tion		Producing Me Casing Pressu Water - Bbls. Bbls. Conden Casing Pressu	re sate/MIMCF ire (Shut-in)	pump, gas lift, e	Choke Size Gas- MCF Gravity of Con Choke Size	densate	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (puot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regula Division have been complied with and	Date of too Date of Tes Tubing Pres Oil - Bbls. Length of T Tubing Pres ATE OF ations of the othat the information	tal volume of a ssure fest ssure (Shut-in COMPL Oil Conserval mation given	load ou l) JANG tion		Producing Me Casing Pressu Water - Bbls. Bbls. Conden Casing Pressu	re sate/MIMCF ire (Shut-in)	pump, gas lift, e	Choke Size Gas- MCF Gravity of Con Choke Size	densate	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complete to the best of my h	Covery of tot Date of Tes Tubing Press Oil - Bbls. Length of T Tubing Press ATE OF ations of the othat the information chowledge an	tal volume of a ssure fest ssure (Shut-in COMPL Oil Conserval mation given ad belief.	load ou l) JANG tion		Producing Me Casing Pressu Water - Bbls. Bbls. Conden Casing Pressu Date	re Eate/MMCF re (Shut-in) DIL CO Approv	pump, gas lift, e	Choke Size Gas- MCF Gravity of Con Choke Size	densate IVISIC	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (puot. back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complete for the best of my h signature Betty Gildon, Regul	Covery of tot Date of Tes Tubing Press Oil - Bbls. Length of T Tubing Press ATE OF ations of the othat the information chowledge an	tal volume of at ssure fest ssure (Shut-in COMPL Oil Conservat mation given ad belief.	i) IAN(ii) above	CE	Producing Me Casing Pressu Water - Bbls. Bbls. Condens Casing Pressu Casing Pressu Date By	re sate/MIMCF ire (Shut-in) DIL CO Approv	pump, gas lift, e	Choke Size Gas- MCF Gravity of Con Choke Size	deasate IVISIC	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (puot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complete to the best of my h	Covery of tot Date of Tes Tubing Press Oil - Bbls. Length of T Tubing Press ATE OF ations of the othat the information chowledge an	tal volume of st ssure fest Ssure (Shut-in COMPL Oil Conservat mation given ad belief. Analyst 915/68	i) IAN(ii) above	CE	Producing Me Casing Pressu Water - Bbls. Bbls. Condens Casing Pressu Casing Pressu Date By	re sate/MIMCF ire (Shut-in) DIL CO Approv	pump, gas lift, e	LC.) Choke Size Gas- MCF Gravity of Cos Choke Size	deasate IVISIC	

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.

and the second second

m

- 2) 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.

1.	B. OF COPIES DECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator	- AU		R	EQUEST	FOR AL	ATION COM		GAS	Form C-104 Supersedes 0 Elfociivo 1-1:	ld C-104 and C. 65
	Enron Oil & Gas Compan Adaress P. O. Box 2267, Midlan Reoson(s) for fring (Check proper box New We!1 Recompletion Change in Ownership X	d, Texa) Char Oil			of: Dry G Conde		Other (Pleas Chang	e operat	or Nam	e	
	If change of ownership give name and address of previous owner	HNG 01	L COM	PANY,	P. 0.	Box 226	7, Midla	nd, Texa	s 7970.	2	
II.	DESCRIPTION OF WELL AND			·=		.•			·····		***
	Lease Name San Simon 5 State	2 Weil			nciuding F On Wol			Kind of Lea State, Føder		State	Lease No. LG4135
	Unit Letter <u> </u>) Fee	Erom Th	ne n	orth	no god 1	980			east	
		wnship	22S		Range	35E					
711	DESIGNATION OF TRANSPORT						, NMPM	s,	Lea		County
	Name of Authorized Transporter of Oli	₩	or Conde	nsate		Andress (of this form is	o be sent)
	Enron Oil Trading & Tra Name of Authorized Transporter of Cas	singhead Ga	IS X	or Dry Go	¹⁵	Address (to which appr	oved copy	of this form is	o be sent)
	Natural Gas Pipeline Co	T		Twp.	P.ge.		93, Houst		as 770()1	
	give location of tanks.	G J	5		<u>35</u> E		Yes	i	7/8/8	36	
ĪV.	If this production is commingled with COMPLETION DATA	h that from						r number:		·	•
	Designate Type of Completion	on - (X)		ell 'G i i	as Well	New Well	Workover	Deepen 	Plug B	ack Same He:	s'v. Diff. Res'v.
	Date Spudded	Date Com	pl. Ready	to Prod.	·	Total Dep	th		P.B.T.	D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of F	roducing	Formation	n	Top Oil/G	ias Pay		Tubing	Depth	
	Perforations	1						• • • • • • • • • • • • • • • • • • •	Depth (asing Shoe	
			T 110 11			CENENT		<u> </u>	<u> </u>		
	HOLE SIZE	CAS		UBING S			ING RECOR			SACKS CEN	ENT
			·								
¥.	TEST DATA AND REQUEST FO	DR ALLO	WABLE						and muss	be equal to or i	exceed top allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Te	381	able	for this de		Motnod (Flow		ijt, etc.)		
	Length of Teat	Tubing Pr	01/1880			Casing Pro	RASULO		Choke	S / • •	• • • • • • • • • • • • • • • • • • •
					-	•			Choke		e
	Actual Prod. During Test	Oll-Bbls.				Water - Bbl	Β.		Gas - M	CF	
	GAS WELL								ł	<u> </u>	<u></u>
	Actual Prod. Test-MCF/D	Langth of	Test	····		Bbls. Cond	densate/MMCF		Gravity	of Condensate	
	Testing Method (pitol, back pr.)	Tubing Pre	saue (S	hut-in)	······	Casing Fre	ssauro (Shut-	-in)	Choke S	Sixe	
VI.	CERTIFICATE OF COMPLIANC	'F				1					
	<i>,</i>				,	OIL CONSERVATION COMMISSION					N .
	I hereby certify that the rules and re Commission have been complied w above is true and complete to the	ith and th	st the in	nformatio	n given	BY				······································	19
	^		,			TITLE	ORR	GINAL SIGN	i <u>zo by j</u> 1 i supei	erry sexto Rvisor	N
-	Bitty Sil	don	<u> </u>			Thi If u	s form is to his is a requ	be filed in . est for allow	compliane	ce with RULE a newly drill	ed or deepenre
_	Betty Gildon, Regulator	•	/st			tests is	ken on the w	vell in acco	rdance wi	Ith RULE 111	
-	2 10 8 (Tuie) (Date)					able on	new and rec	completed wi	olle.		tely for allow-
						Fill out only Sections I. II. III, 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					e of condition.

-

	OIL CONSER	VATION	DIVISION	Form Revts	J 10-1-78
DISTRIBUTION BAN*A PE PILE U 0.0.0.	P.O. Santa fe, n	110X 2018	:0 87501		
LAND OFFICE	REQUEST	FOR ALLOW	BLE		
OFFRATOR PRUNATION DEFICE	AUTHORIZATION TO TRA	AND NSPORT OIL	AND NATURAL GAS		
HNG OIL COMPANY			· _ · · · · · · · · · · · · · · · · · ·		
Address P. O. Box 2267, Midl	and, Texas 79702				
Reoson(s) for liling (Chrch proper New Well	box)		Other (Please explain)		
Recompletion		. com	To add casingh	ead gas gatheren	C
If change of ownership give nam		ndensate			
and address of previous owner _					
DESCRIPTION OF WELL AN Leuse Name	Vell No. Pool Name, Including	g Formation	Kind of Le	930	
San Simon 5 State	2 San Simon /W	lolfcamp/		erol or Fee State	Loase LG-413
Unit LetterG;	1980 Feet From The north	Line and 19	80Feet Fro	m The east	
5	Township 22S Range	35E		Lea	Cour
DESIGNATION OF TRANSPO	DRTER OF OIL AND NATURAL	CAS			Cour
Ner.e of Authorszed Transporter of UPG Falco, A Divisio	Cii X or Condensate	Address (G	ive address to which app	roved copy of this form is	so be sensj
Name of Authorized Transporter of	Casinghead Gas X or Dry Gas	Address (G	08, Shreveport,	roved copy of this form is	to be sentj
Natural Gas Pipeline	Unit Sec. Twp. Rge.	the second se	Houston, Texa	as 77001	<u> </u>
give location of tanks.	G 5 228 35E			7/8/86	
If this production is commingled COMPLETION DATA	with that from any other lease or poo	l, give commin	igling order number:	•	
Designate Type of Comple	tion - (X)	Now Well	Workover Deepen	Piug Back Same R	es'v. Diff. Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	<u></u>	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	; *ame of Producing Formation	Top Oil/Ga		Tubing Depth	
Periorations		<u> </u>	f'	Depth Casing Shoe	
	TUBING, CASING, AI	ND CEMENTIN			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CE	MENT
					<u> </u>
			·····		
EST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this c	reput or be jor j	f total volume of load of ull 24 hours) ethod (Flow, pump, gas i	l and must be equal to or	exceed top ali
Length of Test	Tubing Pressure	Casing Pres			
Actual Prod. During Test				Choze Size	
icidal piba. During 1001	Oil-Bbis.	Waler-Bbls.	-	Gas-MCF	
					•
	· · · · · · · · · · · · · · · · · · ·				
	Longth of Tost	Bbla. Conder	ate/MACF	Gravity of Condeneate)
Actual Prod. Test-MCF/D	Longth of Tost Tubing Procews (Shut-in)		we (Shut-in)	Gravity of Condeneate Choze Size	
eeling Meihod (pitor, back pr.)	Tubing Presews (shut-in)		W. (Shut-in)		-
Actual Frod. Test-MCF/D eeting Method (piror, back pr.) ERTIFICATE OF COMPLIAN hereby certify that the rules and	Tubing Presewe (shut-in)	Casing Press	W. (Shut-in) OIL CONSERVA	Chois Size	
eeting Method (pitor, back pr.) ERTIFICATE OF COMPLIAN hereby certify that the rules and vision have been complied with	Tubing Presewe(shut-in)	Cosing Press APPROVI BY	DIL CONSERVA	Choxe Size	19
esting Method (pitor, back pr.) ERTIFICATE OF COMPLIAN Dereby certify that the rules and vision have been complied with	Tubing Presews (shot-in) ICE regulations of the Oll Conservation h and that the information given e best of my knowledge and belief.	Casing Press APPROVI BY TITLE	UIL CONSERVA	Chois Size	19
Actual Frod. Test-MCF/D esting Method (pitor, back pr.) ERTIFICATE OF COMPLIAN hereby certify that the rules and vision have been complied with ove is true and complete to th Butth Suldon	Tubing Presewe (shut-in) iCE regulations of the Oll Conservation h and that the information given e best of my knowledge and belief. Betty Gildon	Cosing Press APPROVI BY TITLE This f If this	UIL CONSERVA	Choxe Size	19 z 1104.
Butter Regulatory Anal	Tubing Presewe (shot-in) ICE regulations of the Oll Conservation h and that the information given e best of my knowledge and belief. Betty Gildon alwe) yst	Cosing Press APPROVI BY TITLE This f If this woll, this toots taken All se	We (Shut-in) OIL CONSERVA DIL CONSERVA IGINAL SIGNED BY JI DISTRICT I SUPER orm is to be filled in is a request for allow form inuet be accompa- t on the well in accom- ctions of this form mu	Choke Size TION DIVISION Compliance with AULE wable for a newly drille nied by a tabulation of rdance with AULE 111 ist be filled out comple	19 z 1104. ed or deepen f the deviati
Actual Frod. Test-MCF/D ERTIFICATE OF COMPLIAN hereby certify that the rules and vision have been complied with ove is true and complete to th Butter file Regulatory Anal	Tubing Presewe (shut-in) iCE regulations of the Oli Conservation h and that the information given b best of my knowledge and belief. Betty Gildon alwe) yst i(e)	Cosing Press APPROVI BY TITLE TITLE This is isoto taken All so able on no	We (Shut-in) OIL CONSERVA IGINAL SIGNED BY JI DISTRICT I SUPER orm is to be filed in is a request for allow form must be accompany on the well in accompany on the well in accompany of this form must w and recompleted we	Choke Size TION DIVISION Compliance with AULE wable for a newly drille nied by a tabulation of rdance with AULE 111 ist be filled out comple	19 z 1104. ed or deepen f the deviati le

		VATION DIVISION	Form C-104 Revised 10-1-78				
DISTRIBUTION BANTA FE	P. O	. UOX 2018	•				
FIL 4	SANTA PE, I	NEW MEXICO 87501					
LAND OFFICE	REQUEST	FOR ALLOWABLE					
		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
Coveration OFFICE							
Address							
P. O. Box 2267, Midle Reoson(s) for Tiling (Check proper b	-						
New Well	Change in Transporter ol:	Other (Please explas	», sting allowable for				
Recompletion Change in Ownership		y Com 520 barr	els test oil.				
			DAD GAB MUST NOT AR				
and address of previous owner <u>ES</u> NOT	S WELL HAS BEEN PLACED IN THE IGNATED BELOW. IF YOU DO NOT C		AN EXCEPTION TO RATE				
DESCRIPTION OF WELL AN	IFY THIS OFFICE	7-1-46					
San Simon 5 State	2 San Simon	/Wolfcamp/	Foderal or Foo State LG-4135				
Unit Letter G : 19	980 Feet From The north	1980	east				
-	225	35 F	trom The				
	Range	, IMEM,	Lea Count				
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL		approved copy of this form is to be sentj				
UPG Falco, A Division	asinghead Gas X or Dry Gas	Box 20108, Shrevepo	rt, LA 71120				
None at present time		Address (Give address to which	approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgc. G 5 22S 351	Is gas actually connected? E NO	When				
If this production is commingled w	vith that from any other lease or poo		· · · ·				
COMPLETION DATA	Oil Well Gas Well						
Designate Type of Complet	Date Compl. Ready to Prod.		X				
11-26-83	5/6/86	Total Depth 13,250	P.B.T.D. 12,500				
Elevations (DF, RKB, RT, GR, etc.) 3621.2' GR	"ame of Producing Formation Wolfcamp	Top Oil/Gas Pay 11,073	Tubing Depth 2-3/8" at 10,727'				
Perforations			Depth Casing Shoe				
11,073 to 11,142	TUBING, CASING, A	ND CEMENTING RECORD	10,975'				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
9-5/8"	12-1/4"	1075	965 C1 C 1975 HLC & 1375 C1 C				
7"	8-1/2"	10975'	350 HLC				
4-1/2" Liner	6-1/8"	13247' TOL: 1068	8' 475 C1 H				
EST DATA AND REQUEST F		depin or de for juil 24 hours)	d oil and must be equal to or exceed top allo				
Date First New Oil Run To Tanks 5-8-86	Date of Test 5-9-86	Flowing Method (Flow, pump, ; Flowing	as lift, etc.)				
Length of Test	Tubing Pressure	Casing Pressure	Choxy Size				
24 hours Actual Prod. During Test	2890 Он-Выл.	Water-Bbls.	12/64" Gas-MCF				
	130	. 0	619				
SAS WELL							
Actual Frod. ToxtoMCF/D	Longth of Tost	Bbla. Condenacte/MMCF	Gravity of Condensate				
soling Melhod (pilot, back pr.)	Tubing Procewo (Sbut-in)	Cosing Pressure (Shut-in)	Choke Size				
ERTIFICATE OF COMPLIANC	I CE		I				
havabu naveleu ikas iku u turundu	egulations of the Oil Conservation	1					
ivision have been complied with	and that the information given best of my knowledge and belief.	BYORIGINAL SIGNED BY JERRY SEXTON					
•			I SUPERVISOR				
D - X.00			in compliance with RUL 2 1104.				
Betty Heldon (Signo	<u>ر</u> ۱۳۰۱	If this is a request for a	llowable for a newly dilled or deopene nuanted by a tabulation of the deviatic				
Betty Gildon, Regulato	ry Analyst	toets taken on the well in at	cordance with MULE III.				
(Iul May -13, 1986	(e)	able on new and recompleted					
(Dai	•)	well name or number, or trans	, II, III, and VI for changes of owner poster, or other such change of condition				
		Goparate Forms C-104 m completed wells.	nust be filed for each pool in multipl				

