Submit 5 Copies Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rgy, Minerais and Natural Resources Departme.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator		IO INA	(IVO	- On	II OIL	און טאוא.	UNAL GA	'	Well A	PI No.			
Mitchell Energy Corpor	ration							1		025 253	23		
Address —													
P.O. Box 4000, T	he Wood	llands	, T∈	xas	7738								
Reason(s) for Filing (Check proper box)			_		_	XI Othe	s (Please expla	zin)					
New Well	0.1	Change in		•	of:								
Recompletion	Oil Casinghead	4 Can 🗀	Dry (Cias densate			Change	oper	rator	effect	ive 7/1	./91	
Change in Operator						O D	0067 46	J7		70	700		
and address of previous operator ETITO			omp	oany	<u>, P.</u>	O. ROX	2267, Mi	<u>a ı ar</u>	<u>1a, 1</u>	exas /9	/02		
II. DESCRIPTION OF WELL. Lease Name	AND LEA		Pool	Name	Includi	ng Formation			Kind o	Lease Sta	te	Lease No.	
Lease Name Well No. Pool Name, including 1-Y Wilson Str									Federal or Fee	E	3145		
Location	660	0	_	_	_	north	. 148	30		et From The _	west	* :	
Unit Letter	- :		Feet	From	The		and		re	r rom ine -		Line	
Section 19 Township	, 21S		Rang	ge	35E	, NI	ирм,	Lea				County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	.ND I	NATU	RAL GAS							
Name of Authorized Transporter of Oil	75	or Conder		X		Address (Giv	e address to wi	-	-				
Enron Oil Trading & Ti	ransp.,	Inc.			<u> </u>	P. O. Box 20108, Shreveport, LA 71120							
Name of Authorized Transporter of Casing	head Gas	$\overline{\mathbf{x}}$	or D	ry Gai		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Hobbs, NM 88240							
Llano, Inc.	177-20	C	17		Poo	P. U. E	00X 13ZU;	, по	When				
If well produces oil or liquids, give location of tanks.	Unit	sec 19	^T 2T	·	35	Is gas actually connected?				5/11/77			
If this production is commingled with that i	from any oth	er lease or	pool,	give o	ommingl	ing order num	er:						
IV. COMPLETION DATA													
Designate Time of Completion	~	Oil Well	ij	Gas	Well	New Well	Workover	D	epen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Comp	i. Ready to	Prod	L.		Total Depth	l	<u> </u>		P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	nducing Fo	ormati	Off		Top Oil/Gas Pay				Tubing Depth			
Elevations (Dr., KAD, KI, OK, Ele.)	TAMES OF 11	· ·	····				·						
Perforations	<u> </u>		_			,				Depth Casin	g Shoe		
						CEMENTI	NG RECOR			1			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET					SACKS CEMENT			
·									,				
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E				· · · · · ·					
OIL WELL (Test must be after re	ecovery of lo	tal volume	of loa	id oil a	nd must						for full 24 h	ours.)	
Date First New Oil Run To Tank	Date of Tes	st.				Producing M	ethod (Flow, pr	штир, д	as lyt, e	uc.)	•		
I as at Tag	ngth of Test Tubing Pressure				Casing Pressure				Choke Size				
Length of Test	luoing rie	PPRIC											
Actual Prod. During Test	Actual Prod. During Test Oil - Bbls.					Water - Bbis.				Gas- MCF			
-													
GAS WELL													
Actual Prod. Test - MCF/D	Length of	Test		-	<u> </u>	Bbls. Condensate/MMCF			Gravity of Condensate				
esting Method (puot. back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size					
VI. OPERATOR CERTIFIC	ATE OF	COMI) T A	NC	E	1							
					_	(USE	ERV	ATION	DIVIS	ION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above													
is true and complete to the best of my knowledge and belief.					Date	Approve	ed _						
Day Vallan.													
Settly selder					∥ By_	ORIGINA.	•	er si i i i i i i i i i i i i i i i i i i	Y 327750 -	T. TOM			
Betty Gildon, Regulatory Analyst									siniliADA				
Printed Name 6/21/91		915/6	86-	3714	4	Title							
Date			ephon										
						· J						· · · · · · · · · · · · · · · · · · ·	

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.

NO. OF COPIES REC	EIVEO	ļ	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.	<u> </u>		
LAND OFFICE			
IRANSPORTER	OIL		
THANS! ON EX	GAS		
OPERATOR			
PRORATION OF			

	SANTA FE FILE U.S.G.S.	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65				
	IRANSPORTER OIL GAS	AUTHORIZ	LATION	10 182	uvsr ok i u	JIL AND P	IATUKAL (5A3					
	OPERATOR PROPATION OFFICE	1											
I.	Operator Enron Oil & Gas Company Address	у											
	P. O. Box 2267, Midland		02										
	Reason(s) for Isling (Check proper box)) Change in Tra	insporter of	·	C	ther (Please	explain)						
	Recompletion Change in Ownership	Oil Casinghead G		Dry Ga	s XX	Effecti	ve 4/27/	87					
	If change of ownership give name and address of previous owner		······	·									
11.	DESCRIPTION OF WELL AND	LEASE.	l Name. Inc	cluding F	ormation		Kind of Lease						
	Wilson State	1 1	ilson S				State, Federa		State	E 3145			
	Unit Letter C : 660	Feet From Th	nort	th_Lin	e and1	480	_ Feet From 7	The W	est	<u></u>			
	Line of Section 19 Tow	vnship 21S	Ro	ange	35E	, ММРМ,		Lea		County			
III.	DESIGNATION OF TRANSPORT		D NATU:	RAL GA		ive address to	which approx	ed copy o	f this form is	to be sent)			
	Enron Oil Trading & Tr				P. O. B	ox 20108	port,	, LA 71120 y of this form is to be sent)					
	Name of Authorized Transporter of Cas Llano, Inc.	inghead Gas	or Dry Gas	³ Ĺ.Xi	!		Hobbs,		•	to be sent)			
	If well produces oil or liquids,	Unit Sec.	1 1	Rge.	Is gas actua	ally connecte		'n	5/11/77				
	give location of tanks. If this production is commingled wit	th that from any of	21 her lease	or pool.	Ye commin		number:	3/11/		1			
IV.	COMPLETION DATA	Oil We		ıs Well	New Well	Workover	Deepen	Plug Bg	ck Same Re	s'v. Diff. Res'v.			
-	Designate Type of Completio	n - (X)	!										
	Date Spudded		Total Depth			P.B.T.D	•						
	Elevations (DF, RKB, RT, GR, etc.)	RKB, RT, GR, etc., Name of Producing Formation						Tubing Depth					
	Perforations		· · · · · · · · · · · · · · · · · · ·		1			Depth Co	asing Shoe				
			CEMENTI				C4.CKC.CC						
	HOLE SIZE	CASING & T	UBING S	IZE		DEPTH SE			SACKS CEN	MENI			
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 allow able for this depth or be for full 24 hours) Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)												
	Date First frew Cir Mair To Tained				Casing Pres				· · · · · · · · · · · · · · · · · · ·	•			
	Length of Test							Choke Size					
	Actual Prod. During Test	During Test Oil-Bbls.						Gds - MC	-				
,	CAC WELL												
ĺ	GAS WELL Actual Prod. Test-MCF/D		Bbls. Conde	onsate/MMCF		Gravity of Condensate							
	Testing Method (pitot, back pr.)	Tubing Pressure (8	Shut-in)		Casing Pres	-sud (Shut-	in)	Choke S.	Ize				
VI.	CERTIFICATE OF COMPLIANC	OIL CONSERVATION COMMISSION											
	I hereby certify that the rules and re	APPROVEDAPR 2 7 1987 . 19											
	Commission have been complied wabove is true and complete to the	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR											
		6 ()					TITLE						
	Berry Silds		76.1		be faled in c	able for a	a newly drill	led or despense					
•	(Signa		well, this	s form must	accompanded	nfed by a deace "wi	tabulation (th Rule 11	of the deviation 1.					
	Betty Gildon, Regulato		tests taken on the well in accordance with RULE 111. All sections of this fore must be filled out completely for allowable on new and recompleted wells.										
	April 24,		Fill out only Sections I, II, 1II, and VI for changes of owner, well name or number, or transporter, or other such change of condition.										
	ίνα.									ool in multiply			

APA 27 1981 OCO OFFICE