

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Mitchell Energy Corporation	Well API No. 30-025-30510
Address P.O. Box 4000 The Woodlands, TX 77387-4000	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

**THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.**

Cancel E. Lem B.S.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sapphire Federal Unit	Well No. 1	Pool Name, including Formation E. Gem (Delaware)	R-9612 12/1/91	Kind of Lease State (Federal) or Fee	Lease No. NM63763
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>East</u> Line and <u>1650</u> Feet From The <u>South</u> Line Section <u>23</u> Township <u>19S</u> Range <u>33E</u> , <u>NMPM</u> , <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 60628 Midland, TX 79711-0628				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) 10 Desta Dr. E., Ste. 550, Midland, TX 79705				
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 23	Twp. 19S	Rge. 33E	Is gas actually connected? Yes
					When? 8-8-91

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 12-31-88	Date Compl. Ready to Prod. 6-29-91	Total Depth 13,600'			P.B.T.D. 9200'			
Elevations (DF, RKB, RT, GR, etc.) 3639' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7220'		Tubing Depth 7121'			
Perforations 7220-7356					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	2 3/8" N-80	7121'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 7-4-91	Date of Test 8-6-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 20	Casing Pressure 20	Choke Size -
Actual Prod. During Test	Oil - Bbls. 33	Water - Bbls. 390	Gas-MCF 15

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

James Blount
Signature _____
James Blount Engineer
Printed Name _____ Title _____
Date 10-10-91 Telephone No. 915-682-5396

OIL CONSERVATION DIVISION

Date Approved 10/10/91

By GWYNETH BOLTON

Title _____

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.

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RECEIVED

OCT 16 1991

6:30
HOURS