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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

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

FEB 18 1993

O. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Mitchell Energy Corporation	Well API No. 30 015 23412
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "36"	Well No. 1	Pool Name, Including Formation Undesignated Atoka	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. L-4673
Location Unit Letter <u>B</u> : <u>750</u> Feet From The <u>North</u> Line and <u>2173</u> Feet From The <u>East</u> Line Section <u>36</u> Township <u>19S</u> Range <u>21E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Northern Natural Gas Company	2223 Dodge St., Omaha, Nebraska 68102	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 36
	Twp. 19S	Rge. 21E
	Is gas actually connected? Yes	When? 08-06-82

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		X
Date Spudded 07-20-80	Date Compl. Ready to Prod. 02-03-93		Total Depth 8,150		P.B.T.D. 7600			
Elevations (DF, RKB, RT, GR, etc.) 4245 GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 7,198		Tubing Depth 7099			
Perforations 7198'-7204'; 7408'-7412'; 7419'-7422'; 7472'-7494'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		2010'		1000 sx			
7-7/8"	4-1/2"		8145'		460 sx CL H			
					DV @ 4800' 290 sx			
					CL H			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Part ID-2 3-5-93 p. 4 mor comp Hto	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 56	Length of Test 24 HRS	Bbls. Condensate/MMCF -0-	Gravity of Condensate N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 120	Casing Pressure (Shut-in) -0-	Choke Size Open

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.

George Mullen
Signature
George Mullen Reg. Affairs Specialist
Printed Name Title
02-11-93 (713) 377-5855
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 24 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.