

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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MAR 12 1987

O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
MITCHELL ENERGY CORPORATION

Address
P. O. BOX 4000, THE WOODLANDS, TEXAS 77387-4000

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Effective February 12, 1987
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Conoco "7" State	Well No. 3	Pool Name, Including Formation East Millman (Queen-Greyburg)	Kind of Lease State, Federal or Fee State	Lease No. B-8096
Location				
Unit Letter E	: 1980	Feet From The North	Line and 542	Feet From The West
Line of Section 7	Township 19S	Range 29E	NMPM, Eddy Count	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

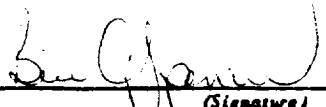
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2587, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Frank Phillips Bldg., Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 7 19S 29E
Is gas actually connected? Yes	When 2-14-87 April 1, 1982

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


Bill G. Spencer
(Signature)
Sr. Regulatory Affairs Coordinator
(Title)
March 6, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 16 1987**, 19 _____
BY **Original Signed By**
Les A. Clements
TITLE **Supervisor District II**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff.
Date Spudded	Date Compl. Ready to Prod.		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 Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size