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P. O. BC P. O. BC SANTA FE, NEW SANTA FE, NEW SANTA FE, NEW SANTA FE, NEW REQUEST FO A PEGMATION OFFICE I. Operator MITCHELL ENERGY CORPORATION Address P. O. BCX 4000, THE WOODLANDS, TEXAS 7: Resson(s) for filing (Check proper box)	RECEIVED BY MAR 12 1987 O. C. D. ATION DIVISION ARTESIA, OFFICE NMEXICO 87501 R ALLOWABLE ND PORT OIL AND NATURAL GAS		
New Well Change in Transporter of:			
Recompletion Oil Dr	Effective February 12, 1987		
Change in Ownership XX Casinghead Gas Ca	ondensate		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including F Conoco "7" State 5 East Millman (
	Queen-Greyburg) Stote, Federal or Fee State B-8096		
Unit Letter F ; 2180 Feet From The North Lin	e and1740 Feel From The West		
Line of Section 7 Township 195 Range	29E , NMPM, Eddy County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	. GAS Aadross (Give address to which approved copy of this form is to be sent)		
Conoco, Inc.	P. O. Box 2587, Hobbs, New Mexico 88240		
Name of Authorized Transporter of Casinghead Gas 🚮 or Dry Gas 🗍	Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Corporation	Frank Phillips Bldg., Bartlesville, OK 74004		
If well produces oil or liquids, give location of tanks. C 7 195 29E	Is gas actually connected? When 2-12-87 Yes April 1- 1982		
If this production is commingled with that from any other lease or pool.			
	give commingling order number: 7-10-3 7-10-3		
NOTE: Complete Parts IV and V on reverse side if necessary.	chs. GT; CON		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED MAR 1 6 1987		
been complied with and that the information given is true and complete to the best of my knowledge and belief.	Original Signed By		
	Les A. Clements		
$\gamma \rightarrow \gamma \gamma$	TITLE Supervisor District II		
Bill G. Spencer	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepensu well, this form must be accompanied by a tabulation of the deviation		
Sr. Regulatory Affairs Coordinator	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
(Tule) March 6, 1987	able on new and recompleted wells.		
(Date)	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		
Ĩ	completed wells.		

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IV. COMPLETION DATA

Designate Type of Complet	tion - (X)	OIL Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hestv,	Ditt. F
Date Spudded	Date Compl. Ready to Prod.		Total Depth Top Oll/Gas Pay			P.B.T.D. Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation								
Perforations	Perforations					<u> </u>	Depth Casing Shoe		
		TUBING, (CASING, AM	D CEMENTI	NG RECOR				
HOLE SIZE CASI		NG & TUBIN	NG SIZE	1	DEPTH SE		SA	CKS CEMEN	17
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V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be .qual to or exceed top c OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	A REAL PROPERTY AND A REAL	Producing Method (Flow, pump, gas lift, etc.)		
Longth of Tost	Tubing Pressure	Casing Pressure	Chore Size		
Actual Prod. During Test	Он-вы.	Water - Bbie.	Gas - MCF		

GAS WELL

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

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