

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator
Mitchell Energy Corporation ✓
Address
P.O. Box 4000, The Woodlands, TX 77380-4000

RECEIVED BY

AUG 13 1986

O. C. D.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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

2. DESCRIPTION OF WELL AND LEASE

Lease Name Conoco "7" State	Well No. 10	Pool Name, including Formation Turkey Track (Morrow)	Kind of Lease State, Federal or Fee State	Lease No. B-8096
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>19-S</u> Range <u>29-E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 7
	Twp. 19-S	Rge. 29-E
	Is gas actually connected? <u>Yes</u> When <u>3/15/82</u>	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Date Spudded 11/4/81	Date Compl. Ready to Prod. 1/7/82		Total Depth 11,550'		P.B.T.D. 11,078'			
Elevations (DF, RKB, RT, GR, etc.) 3376.7' GR	Name of Producing Formation Upper Morrow		Top Oil/Gas Pay 11,138' 10,986'		Tubing Depth 10,925'			
Perforations 10,986'-10,993', 11,000'-11,019', 11,025'-11,044'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		377'		375 sx C1 "C"			
12-1/4"	8-5/8"		3,020'		580 sx Poz Mix, 200 sx C1 "C"			
7-7/8"	5-1/2"		11,533'		785 sx Poz Mix			

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 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 390	Length of Test 24 hrs	Bbls. Condensate/MMCF 25.6	Gravity of Condensate 50°
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2150 psi	Casing Pressure (Shut-in) 875 psi	Choke Size Open

3. 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.

Engineer

8/6/86

(Title)

(Date)

OIL CONSERVATION DIVISION

AUG 25 1986

APPROVED _____, 19 _____

BY _____
Original Signed By
Les A. ClementsTITLE _____
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 deepened 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 multiply recompleted wells.

