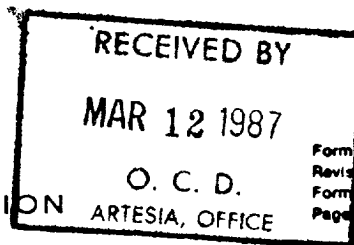


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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



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:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	

Other (Please explain)  
**Effective February 12, 1987**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Conoco "7" State</b>	Well No. <b>12</b>	Pool Name, including Formation <b>East Millman (Queen-Greyburg)</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease <b>B-8096</b>
Location				
Unit Letter <b>K</b>	: <b>1980</b>	Feet From The <b>West</b>	Line and <b>1880</b>	Feet From The <b>South</b>
Line of Section <b>7</b>	Township <b>19S</b>	Range <b>29E</b>	, NMPM, <b>Eddy</b> Cour	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

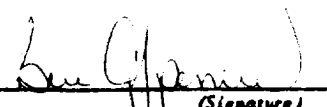
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Conoco, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2587, Hobbs, New Mexico 88240</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Frank Phillips Bldg., Bartlesville, OK 74004</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <b>K 7 19S 29E</b>
Is gas actually connected?	When <b>E-12-87</b> <b>Yes April 1, 1982</b>

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

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. R
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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