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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 23 '94

Operator Mitchell Energy Corporation		Well API No. 30-015-24404
Address P.O. Box 4000, The Woodlands, TX 77387-4000		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) <input checked="" type="checkbox"/>		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	
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 McKittrick "30" Federal	Well No. 1	Pool Name, Including Formation Wildcat, (Atoka) 96049	Kind of Lease XXX , Federal (XXX)	Lease No. NM-38627
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>2285</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>22S</u> Range <u>26E</u> , NMPM, Eddy 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)					
El Paso Natural Gas						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When? 11/29/94

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 9/28/83	Date Compl. Ready to Prod. 11/29/94		Total Depth 11,660'		P.B.T.D. 11,225'			
Elevations (DF, RKB, RT, GR, etc.) 3609' KB	Name of Producing Formation Atoka		Top Oil/Gas Pay 10,540'		Tubing Depth 10,438'			
Perforations 10,540'-10,547' (29 holes) & 10,584'-10,594' (41 holes)					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	2 3/8", 4.7#, N-80	10,438'	

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.)	
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 173	Length of Test 24 hours	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) meter run	Tubing Pressure (Shut-in) 3290 psi	Casing Pressure (Shut-in) pkc	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.

Signature Greg Colburn
Printed Name Greg Colburn Staff Production Engineer
Date 12/7/94 Telephone No. (915) 682-5396

OIL CONSERVATION DIVISION

Date Approved 11/6/94
By Jim W. Guen
Title District Supervisor

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.