Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resource epartment

DISTRICT II P.O. Drawer DD, Astesia, NM 88210

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

JAN 4 1934

Û

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ι.	T	OTRAN	SPORT OIL	AND NA	TURAL GA					
Openior Mitchell Energy Corporation						Well AP! No. 30-015-27434				
Address P.O. Box 4000, The N			77297-	-4000		<u> </u>				
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Change in Tra			et (Please explai	in)				
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Formation Apache 13 Federal 1 Livingston Ridge							Kind of Lease State Federal or Fee NM-89051			
Location Unit Letter H	:1330) Fe	set From The No	orth Line	and330) Fe	et From The	East	Line	
Section 13 Township	225	S R	ange 30E	, N	мРМ,		Eddy		County	
III. DESIGNATION OF TRANS	SPAPTED	OF OU	AND NATTI	RAL GAS						
Name of Authorized Transporter of Oil		or Condensat		Address (Giv	e address to whi	ich approved	copy of this fo	orm is to be se	ni)	
Pride Pipeline Company					Box 2436 Abilene, TX 79604					
					Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company If well produces oil or liquids, Unit Sec. Twp. Rge.					Box 1492 El Paso, TX 79978 ls gas actually connected? When ?					
give location of tanks.	H	13	22S 30E	1 -	es		12-	23-93		
If this production is commingled with that f	rom any other	lease or poo	d, give commingl	ing order num	рет.					
IV. COMPLETION DATA	a n	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		Desdute D	<u> </u>	Total Depth	<u> </u>		P.B.T.D.	l	1	
Date Spudded	Date Compl. Ready to Prod.			icai Depui			P.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	ation	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 REQUES OIL WELL (Test must be after re	T FOR A	LLOWAE	LE lood oil and must	he equal to or	exceed too allo	wable for this	depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		ited on the mass	Producing M	ethod (Flow, pu	mp, gas lift, e	ıc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bols.			Water - Bbls.			Gas- MCF			
GAS WELL				<u> </u>						
Actual Prod. Test - MCF/D	Length of T	esi		Pbls. Co.:densate/MMCF			Gravity of Condensate			
festing Method (pitot, back pr.)	Tubing Pressure (Shut-m)			Casing Pressure (Shut-in)			Croke Size			
VI. OPERATOR CERTIFIC					OIL CON	ISERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation The same have been complied with and that the information given above to save and complete to the best of my knowledge and belief.				Date	Date ApprovedFEB 7 1994					
Minusy imerhanger				11				_		
Signature Kimberly Cimerhanzel / Req. Affairs Asst.				By						
Printed Name 12-30-93	(7)	3)377-		Title	Surun					
Date		i elept	some No.	11						

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 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.
 - only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 3) Separate Form C-104 must be filed for each pool in multiply completed wells.