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

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

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

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

Operator Mitchell Energy Corporation ✓		Well API No. 30-015-27478
Address P.O. Box 4000 The Woodlands, Tx. 77387-4000		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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 Apache 25 Fed. Com	Well No. 2	Pool Name, Including Formation Wildcat (Morrow)	Kind of Lease State, Federal or Fee	Lease No. NM-89052
Location Unit Letter <u>P</u> : <u>1310</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u> Line Section <u>25</u> Township <u>22S</u> Range <u>30E</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 checked="" 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)					
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec <u>25</u>	Twp <u>22S</u>	Rge <u>30E</u>	Is gas actually connected? No	When? 12-1-93

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					
Date Spudded 8-16-93	Date Compl. Ready to Prod. 10-27-93		Total Depth 14575'			P.B.T.D. 14480'		
Elevations (DF, RKB, RT, GR, etc.) 3336' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 14113'			Tubing Depth 14059'		
Perforations 14113-14132'						Depth Casing Shoe 14565'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		550'		550 SX			
12 1/4"	9 5/8"		3864'		1580 SX			
8 3/4"	7"		12410'		1875 SX			
6"	4"		12006' to 14565'		300 SX			

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 6494	Length of Test 1 hr	Bbls. Condensate/MMCF 1.8	Gravity of Condensate 46.2
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 5420	Casing Pressure (Shut-in) PKR	Choke Size 15/64"

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.

James Blount
Signature
James Blount Engineer

Printed Name
10-28-93 (915) 682-5396
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 14 1994

Date Approved

By

Title SUPERVISOR, DISTRICT II

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.