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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. 30-039-22598
Address P.O. Box 4000 The Woodlands, Texas 77387-4000		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa Unit	Well No. 84	Pool Name, Including Formation Fruitland Coal	Kind of Lease State Federal or Mex	Lease No. SF-078893
Location Unit Letter <u>A</u> : <u>890</u> Feet From The <u>North</u> Line and <u>1060</u> Feet From The <u>East</u> Line Section <u>23</u> Township <u>31N</u> Range <u>4W</u> , NMPM, Rio Arriba 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)					
Associated Natural Gas	370 17th Street, Suite 900 Denver, Co. 80202					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 23	Twp. 31N	Rge. 4W	Is gas actually connected? Yes	When? 10-21-93

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 X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-24-81	Date Compl. Ready to Prod. 8-30-90		Total Depth 8656'		P.B.T.D. 3943' 3912'			
Elevations (DF, RKB, RT, GR, etc.) 6841' GL, 6854' KB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3610'		Tubing Depth 3686'			
Performances 3610' - 58' & 3698' - 3720'					Depth Casing Shoe 8654'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	10 3/4" 40.5#		329'		400			
9 7/8"	7" 26#		4224'		700			
6 1/8"	4 1/2" 11.6#		3990' - 8654'		450			
			2318		3686			

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 DOT 8 1983
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF OIL CON. DIST. I

GAS WELL

Actual Prod. Test - MCF/D 266	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (prior, back pr.) back pressure	Tubing Pressure (Shut-in) 300	Casing Pressure (Shut-in) 760	Choke Size 16/64"

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.

Signature
Greg Colburn Staff Production Engineer
Printed Name
10-21-93 (915) 682-5396
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 001 26 1993
By Original Signed by CHARLES GIBBON
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.