

DISTRIBUTION			
ANTA FE		/	
FILE		/	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		/	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Mitchell Energy Corporation	
Address 3900 One Shell Plaza, Houston, Texas 77002	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Not producing	

If change of ownership give name and address of previous owner Trans Delta
Lynna Ray Oil and Gas Company, 4101 East Louisiana Avenue, Denver, Col. 80222

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carson	Well No. 1	Pool Name, including Formation Basin Dakota-Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF078763
Location				
Unit Letter D	75	North	1300	West
Line of Section 10 Township 31N Range 5W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

None

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 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 Sec. Twp. Rge. Is gas actually connected? When

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 10-23-65	Date Compl. Ready to Prod. 1-10-66	Total Depth 8330'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6518.1 GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 8195'	Tubing Depth 8330'					
Perforations 8166-8178' with 4 holes per foot			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-5/8"	10-3/4"	204'	150					
9-5/8"	7-5/8"	3772'	150					
6-3/4"	5-1/2"	8195'	260					
4-3/4"	2-3/8" tbg.	8330'						

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 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 Gauged 1500 MCF	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Gauge	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

B. Swallen
(Signature)
Vice President
(Title)
8-5-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by A. R. Kendrick

TITLE _____

This form is to be filed in compliance with RULE 1101.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multistage