

OIL CONSERVATION DIVISION  
P. O. BOX 7088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

Operator  
**Mitchell Energy Corporation**

Address  
**P.O. Box 4000, The Woodlands, TX 77387-4000**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter oil:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	<i>show casing head gas connection</i>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

Lease Name **Baer** Well No. **1** Pool Name **and deal Big Dog Strawn** Kind of Lease **State, Federal or Fee** Fee  Lease No.

Location

Unit Letter **F** : **1900** Feet From The **North** Line and **1650** Feet From The **West**

Line of Section **32** Township **15-S** Range **35-E** . NMPM, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS **SCURLOCK PERMIAN CORP EFF 9-1-91**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Permian</b>	<b>P.O. Box 1183, Houston, TX 77001</b>
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)
<b>Warren Petroleum Co. Attn: Joyce Lamprich</b>	<b>P. O. Box 1589, Tulsa, OK 74102</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>F</b> Sec. <b>32</b> Twp. <b>15-S</b> Rge. <b>35-E</b>	<b>Yes</b> <b>June 14, 1986</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>3/31/86</b>	Date Compl. Ready to Prod. <b>5/11/86</b>	Total Depth <b>11,867'</b>	P.B.T.D. <b>11,788'</b>					
Elevations (DF, RAB, RT, CR, etc.) <b>Elev: 4003'</b>	Name of Producing Formation <b>Strawn</b>	Top Oil/Gas Pay <b>11,594'</b>	Tubing Depth <b>11,500'</b>					
Perforations <b>11,594'-11,660'</b>			Depth Casing Shoe					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	374'	425
12-1/2"	8-5/8"	3,806'	1450
7-7/8"	5-1/2"	11,865'	1600
Tbg	2-7/8"	11,500'	

## TEST DATA AND REQUEST FOR ALLOWABLE (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 <b>5/11/86</b>	Date of Test <b>5/12/86</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24</b>	Tubing Pressure <b>200</b>	Casing Pressure <b>0</b>	Choke Size <b>36/64"</b>
Actual Prod. During Test <b>389</b>	Oil-Bble. <b>389</b>	Water-Bble. <b>0</b>	Gas-MCF <b>1,061</b>

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

## 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.

*Carol J. Miller*  
Carol J. Miller

Regulatory Affairs Clerk

June 16, 1986

(Date)

## OIL CONSERVATION DIVISION

APPROVED **JUN 20 1986**

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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 multiphase completed wells.