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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Mitchell Energy Corporation	Well API No. 30-025-25984
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:
Recompletion <input checked="" 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 *K-9088 12/1/89*

Lease Name Federal SB	Well No. 1	Pool Name, Including Formation Wildcat West Tonto (Delaware)	Kind of Lease State (Federal) or Fee	Lease No. NM63367
Location Unit Letter G : 1980 Feet From The South Line and 1980 Feet From The East Line Section 12 Township 19S Range 32E , NMPM , Lea County				

III. 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77251-1183	
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 G	Sec. 12
	Twp. 19S	Rge. 32E
	Is gas actually connected? No	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded Recompletion	Date Compl. Ready to Prod. 3/31/89		Total Depth 13688'		P.B.T.D. 8730'			
Elevations (DF, RKB, RT, GR, etc.) 3674 RKB	Name of Producing Formation Delaware		Top Oil/Gas Pay 7446'		Tubing Depth 7386'			
Perforations 7446' - 7476' 2SPF					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	445'	450
12 1/4"	9 5/8"	5002'	2500
8 3/4"	5 1/2"	13688'	2580
	2 7/8"	7386'	

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 4/4/89	Date of Test 4/7/89	Producing Method (Flow, pump, gas lift, etc.) Sucker rod pump	
Length of Test 24 hours	Tubing Pressure 10 psi	Casing Pressure 20 psi	Choke Size --
Actual Prod. During Test	Oil - Bbls. 39	Water - Bbls. 178	Gas- MCF unknown

GAS WELL

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

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.

Dan L. Tuffly
Signature
Dan Tuffly
Printed Name
4/13/89
Date

District Engineer
Title
(915) 682-5396
Telephone No.

OIL CONSERVATION DIVISION
MAY 1 1989

Date Approved _____

By **Eddie W. Seay**
Oil & Gas Inspector

Title _____

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.

RECEIVED

APR 24 1989

OCD
HOBBS OFFICE