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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

Operator Mitchell Energy Corporation		Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. <i>B2m</i>	
Address P. O. Box 4000 The Woodlands, Texas 77387-4000			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	RE-ENTRY	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner  
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

I. DESCRIPTION OF WELL AND LEASE		7-1-86	
Lease Name Federal -SB-	Well No. 1	Pool Name, Including Formation West Tonto - Bone Springs	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <i>FJ</i> : 1980 Feet From The South Line and 1980 Feet From The East		Lease No. NM63367	
Line of Section 12 Township 19S Range 35E 32, NMPM, Lea County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
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)		
The Permian Corporation	P. O. Box 1183 Houston, Texas 77001		
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)		
None			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 12	Twp. 19S
	Rge. 35E	Is gas actually connected? When	

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

V. 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 4/12/86	Date Compl. Ready to Prod. 4/21/86	Total Depth 13,689'	P.B.T.D. 10,395'
Elevations (DF, RKB, RT, GR, etc.) 3649.5' GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8809'	Tubing Depth 8802'
Perforations 8809-8836; 8876-8888		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
NA	13 3/8	445	450 sxs Class "C"
NA	9 5/8	5002	2300 sxs Lite + 200 CL
NA	5 1/2	13688	1800 sxs Lite + 780 CL
NA	2 7/8	8802	NA

VI. 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 4-21-86	Date of Test 4-24-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs	Tubing Pressure 20 psi	Casing Pressure 20 psi	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 57	Water - Bbls. 392	Gas - MCF TSTM

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

VII. 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.

*Bill G. Spencer*  
(Signature)  
Sr. Regulatory Affairs Coordinator  
(Title)  
May 15, 1986  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 21 1986**, 19\_\_\_\_\_  
BY **ORIGINAL SIGNED BY JERRY SECTON**  
**DISTRICT I 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 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 multiply completed wells.

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