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DISTRIBUTION		
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D OFFICE		
TRANSPORTER	OIL	
	GAS	
PERATOR		
PRODUCTION 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

Operator Mitchell Energy Corporation	
Address P. O. Box 4000, The Woodlands, TX 77387-4000	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" 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 State JR	Well No. 1	Pool Name, Including Formation Reeves (Penn)	Kind of Lease State, Federal or Fee State	Lease No. V-1417
Location Unit Letter <u>P</u> ; <u>430</u> Feet From The <u>East</u> Line and <u>330</u> Feet From The <u>South</u>				
Line of Section <u>11</u> Township <u>18-5</u> Range <u>35-E</u> , NMPM, Lea County				

I. 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 Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Box 270, Kilgore, TX 75662
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>11</u> Twp. <u>18S</u> Rge. <u>35E</u> Is gas actually connected? <u>No</u> When <u>12/1/85</u>

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7/29/85	Date Compl. Ready to Prod. 10/3/85	Total Depth 11,150	P.B.T.D. 11,090					
Elevations (DF, RKB, RT, GR, etc.) 3882 GL	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,000	Tubing Depth 11,150					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	470	420
12 1/4	8 5/8	3780	1150 scs
7 7/8	5 1/2	11,150	1025
	2 7/8 tubing	11,064	

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)

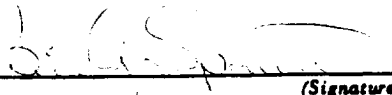
Date First New Oil Run To Tanks 10/4/85	Date of Test 10/6/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 20 psi	Casing Pressure 20 psi	Choke Size
Actual Prod. During Test 208	Oil-Bbls. 208	Water-Bbls. 12	Gas-MCF

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. 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.


Sr. Regulatory Affairs Coordinator
December 17, 1985

OIL CONSERVATION COMMISSION

APPROVED DEC 26 1985, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT 1 SUPERVISOR

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.

RECEIVED

DEC 28 1985

C.C.D.
HOBBS OFFICE