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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

Operator Mitchell Energy Corporation	
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"/>	2500 bbl. testing allowable
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

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 P ; 430 Feet From The East Line and 330 Feet From The South				
Line of Section 11 Township 18-5 Range 35-E , NMPM, Lea County				

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

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 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 sxs
7 7/8	5 1/2	11,150	1025
	2 7/8 tubing	11,064	

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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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) October 7, 1985 (Date)	

OIL CONSERVATION COMMISSION OCT 10 1985	
APPROVED _____, 19____	
BY ORIGINAL SIGNED BY JERRY SEXTON 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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OCT - 9 1985

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