

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Mitchell Energy Corporation		Well API No. 30-025-30941
Address 400 W. Illinois, Ste 1000, Midland, TX 79701		
Reason(s) for Filing (Check proper box) 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 Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 11-15-90  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Milky Way State	Well No. 1	Pool Name, Including Formation Midland - Delaware	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or Fee	Lease No. V-1565
Location Unit Letter <u>I</u> : <u>1700</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>17</u> Township <u>18S</u> Range <u>35E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 60628, Midland, TX 79711-0628					
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 I	Sec. 17	Twp. 18S	Rge. 35E	Is gas actually connected? No	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7/25/90	Date Compl. Ready to Prod. 9/15/90		Total Depth 6652'		P.B.T.D. 6280'			
Elevations (DF, RKB, RT, GR, etc.) 3942' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 5396'		Tubing Depth 5474'			
Perforations 5396' - 5416'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" 54.5#		391		445			
12 1/4"	8 5/8" 32.0#		3350		2000			
7 7/8"	5 1/2" 15.5#		6652		810			

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 9/15/90	Date of Test 9/16/90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 10	Casing Pressure 10	Choke Size Open
Actual Prod. During Test	Oil - Bbls. 75	Water - Bbls. 0	Gas - MCF TSTM

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.

Signature James Blount  
Printed Name James Blount Engineer  
Date 9/21/90 Telephone No. (915) 682-5396

OIL CONSERVATION DIVISION

Date Approved 9/21/90  
By Paul R. Geologist  
Title Geologist

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.