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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

Operator Mitchell Energy Corporation		Well API No. 30-025-31604
Address P.O. Box 4000 The Woodlands, TX 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 <u>Cancel East Leakeur</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cochise "1" Federal	Well No. 1	Pool Name, Including Formation West Tonto (Bone Spring)	Kind of Lease State, Federal or Fee	Lease No. NM 81599
Location Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>1</u> Township <u>19S</u> Range <u>32E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Company <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, TX 79604				
Name of Authorized Transporter of Casinghead Gas Conoco, Inc. <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 10 Desta Dr. Ste. 627, Midland, TX 79705				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 1	Twp. 19S	Rge. 32E	Is gas actually connected? Yes	When? 8-4-92

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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-3-92	Date Compl. Ready to Prod. 2-24-93	Total Depth 11,370'		P.B.T.D. 11,045'				
Elevations (DF, RKB, RT, GR, etc.) 3694' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8833'		Tubing Depth 8976'			
Perforations 8833' - 39', 8853' - 55', 8908' - 30'					Depth Casing Shoe 11,368'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"	54.5#	500'		525 sx			
12 1/4"	8 5/8"	32 #	4,599'		950 sx			
7 7/8"	5 1/2"	17 #	11,368'		910 sx + 753 sx thru			
	2 7/8"	6.5#	8,976'		DV			

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 2-24-93	Date of Test 2-26-93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 75 psi	Casing Pressure 40 psi	Choke Size --
Actual Prod. During Test 56 BO	Oil - Bbls. 56	Water - Bbls. 143	Gas - MCF 50

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Greg Colburn
Signature
Greg Colburn Staff Production Eng
Printed Name
3-3-93 915-682-5396
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 15 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

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.