

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

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. 30-025-31626
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 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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cochise "1" Fed	Well No. 2	Pool Name, Including Formation Buffalo (Yates)	Kind of Lease State, Federal or Fee	Lease No. NM81599
Location Unit Letter E : 1650 Feet From The North Line and 915 Feet From The West Line Section 1 Township 19S Range 32E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Co. <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. Suite 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? 8-22-92

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 X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-6-92	Date Compl. Ready to Prod. 8-22-92		Total Depth 3634'		P.B.T.D. 3598'			
Elevations (DF, RKB, RT, GR, etc.) 3697' GR	Name of Producing Formation Yates		Top Oil/Gas Pay 3455'		Tubing Depth 3400'			
Perforations 3455-3472'					Depth Casing Shoe 3634'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	598'	300
7 7/8"	4 1/2" 10.5#	3634'	1250
	2 3/8" 4.7#	3400'	

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 8-22-92	Date of Test 8-24-92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs.	Tubing Pressure 175	Casing Pressure 0	Choke Size 1/4"
Actual Prod. During Test	Oil - Bbls. 123	Water - Bbls. 9	Gas - MCF 113

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  
James Blount Engineer  
Printed Name 8-25-92 Title 915-682-5396  
Date Telephone No.

OIL CONSERVATION DIVISION

AUG 31 '92

Date Approved \_\_\_\_\_  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I 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.