

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mitchell Energy Corporation		Well API No. 30-025-30510
Address P. O. Box 4000, The Woodlands, Texas 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sapphire Federal Unit	Well No. 1	Pool Name, Including Formation Undesignated Bone Spring	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee	Lease No. NM-63763
Location				
Unit Letter J	1,650	Feet From The East	Line and 1,650	Feet From The South
Section 23	Township 19S	Range 33E	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texaco Trading & Transportation, Inc.	P. O. Box 60628, Midland, TX 79711-0628					
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)					
Mitchell Energy Corporation	P.O. Box 4000, The Woodlands, TX 77387-4000					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 23	Twp. 19S	Rge. 33E	Is gas actually connected? YES	When? 9-20-89

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
						X		X
Date Spudded 12/31/88	Date Compl. Ready to Prod. 12/18/89		Total Depth 13,600		P.B.T.D. 10,940			
Elevations (DF, RKB, RT, GR, etc.) 3639	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9,250		Tubing Depth 9,204			
Perforations 9250-52' (1 SPF), 9260-68', 9288-94'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	475'	450 SX Class C
12 1/4"	8 5/8"	5,230'	2800SX Howco Lite & 300 SX PremPlus
7 7/8"	5 1/2"	13,598'	350 SX 50/50 P0Z Thru Shoe
			1400 SX 50/50 P0Z Thru 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.)

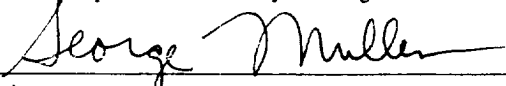
Date First New Oil Run To Tank 4-6-91	Date of Test 4-26-91	Producing Method (Flow, pump, gas lift, etc.) Pumping - 2 x 1 1/4" x 26' RHBC	
Length of Test 24 Hours	Tubing Pressure 15	Casing Pressure 15	Choke Size --
Actual Prod. During Test	Oil - Bbls. 12	Water - Bbls. 138	Gas- MCF --

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. 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
George Mullen Reg. Affairs Specialist
Printed Name
6-6-91 (713) 377-5855
Date Telephone No.

OIL CONSERVATION DIVISION

JUN 13 1991

Date Approved

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.

RECEIVED

JUN 12 1991

CCO

HOBBS OFFICE