

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

OIL CONSERVATION DIVISION

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

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 30645
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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Geronimo Federal	Well No. 1	Pool Name, Including Formation undesignated Delaware	Kind of Lease State, Federal or Fee	Lease No. NM 67111
Location Unit Letter D : 660 Feet From The north Line and 660 Feet From The west Line Section 31 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"/> 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	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 31	Sec. 19S	Twp. 33E	Rge. Yes

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-25-89	Date Compl. Ready to Prod. 10-30-90	Total Depth 10,564	P.B.T.D. 9,220					
Elevations (DF, RKB, RT, GR, etc.) 3576' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7,586	Tubing Depth 7,689					
Perforations 7,586'-97', 7,610'-22', 7,656'-66'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	1,298	730 sx CLC					
12-1/4"	8-5/8"	3,355	750 sx 65/35 C/POZ + 300 sx C					
7-7/8"	5-1/2"	10,562	725 sx H + 500sx 50/50 H/POZ					

V. TEST DATA AND REQUEST FOR ALLOWABLE

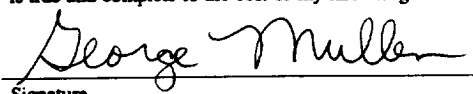
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 10-3-90	Date of Test 10-31-90	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure 25 psi	Casing Pressure 25 psi	Choke Size Open
Actual Prod. During Test 103	Oil - Bbls. 103	Water - Bbls. 56	Gas- MCF 36

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 - Regulatory Affairs Specialist
Printed Name
11/16/90
Date
713/377-5855
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
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.