

OIL CONSERVATION DIVISION

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

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 checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
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

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
PLEASE NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Geronimo Federal	Well No. 1	Pool Name, Including Formation Gem (Bone Springs)	Kind of Lease State (Federal) or Fee	Lease No. NM 67111
Location Unit Letter <u>D</u> : 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"/> Mitchell Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4000, The Woodlands, TX 77387-4000					
If well produces oil or liquids, give location of tanks.	Unit 31	Sec. 19S	Twp. 33E	Rge. NO	Is gas actually connected? 2/15/90	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 10-25-89	Date Compl. Ready to Prod. 12-19-89		Total Depth 10,564'		P.B.T.D. 10,491'			
Elevations (DF, RKB, RT, GR, etc.) 3576' GL	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9852'		Tubing Depth 9752'			
Perforations 9852-10,002					Depth Casing Shoe 10,562			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" 54.5#K-55		1298		730 C1 C			
12 1/4"	8 5/8" 32# K-55		3355		750 65/35 C/Poz+300 C			
7 7/8"	5 1/2" 17#K-55&N-80		10,562		725 H + 500 50/50 H/Poz			
	2 7/8" 6.5# N-80		9752					

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 12-21-89	Date of Test 12-26-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs	Tubing Pressure 10 psi	Casing Pressure 10 psi	Choke Size Open
Actual Prod. During Test 108	Oil - Bbls. 108	Water - Bbls. 70	Gas- MCF 0

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
George Mullen Regulatory Affairs Specialist
Printed Name Title
1/15/90 713/363-5855
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

JAN 19 1990

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.