

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. 30-025-31315
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Address P.O. Box 4000 The Woodlands TX 77387-4000
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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	THIS WELL HAS BEEN PLACED IN THE POOL <i>Cancel Hem Bone Spring</i> DESIGNATED BELOW. IF YOU DO NOT CONCUR PLEASE THIS OFFICE.
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Lease Name Geronimo Federal	Well No. 4	Pool Name, Including Formation Geronimo (Delaware) <i>89447</i>	Kind of Lease State <u>Federal</u> or Fee	Lease No. NM-67111
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>31</u> Township <u>19S</u> Range <u>33E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas-New Mexico Pipe Line 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 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas Conoco, Inc. <input 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 D	Sec. 31	Twp. 19S	Rge. 33E	Is gas actually connected? Yes	When? 3-12-93

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 X	Same Res'v	Diff Res'v X
Date Spudded	Date Compl. Ready to Prod. 3-12-93		Total Depth		P.B.T.D. 7805'			
Elevations (DF, RKB, RT, GR, etc.) 3577' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7592'		Tubing Depth 7557'			
Perforations 7592-7618 7680-7701					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 3-18-93	Date of Test 3-18-93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 160	Casing Pressure 35	Choke Size --
Actual Prod. During Test	Oil - Bbls. 116	Water - Bbls. 238	Gas - MCF 45

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.

James Blount
Signature
James Blount Engineer
Printed Name
3-22-93 (915)682-5396
Date Telephone No.

OIL CONSERVATION DIVISION

MAR 30 1993

Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
ACTING 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.

3A Hem Bone Spring