

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

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

## OIL CONSERVATION DIVISION

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

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. <b>TO TRANSPORT OIL AND NATURAL GAS</b>		Well API No.
Operator Mitchell Energy Corporation		30-025-26620
Address P.O. Box 4000, The Woodlands, TX 77387-4000		
Reason(s) for Filing ( <i>Check proper box</i> )		<input type="checkbox"/> Other ( <i>Please explain</i> )
New Well <input 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 checked="" type="checkbox"/>
If change of operator give name and address of previous operator _____		

## II. DESCRIPTION OF WELL AND LEASE

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Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM 16835
Federal "AG" Com	1	West Osudo Morrow		
Location				
Unit Letter	F	: 1980	Feet From The north Line and 1980	Feet From The west Line
Section	14	Township 20 south	Range 35 east, NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS SCURLOCK PERMIAN CORP EFF 9-1-91

<b>III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>						
Name of Authorized Transporter of Oil Permian Corporation		<input type="checkbox"/>	or Condensate		<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company		<input type="checkbox"/>	or Dry Gas		<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 14	Twp. 20S	Rge. 35e	Is gas actually connected? Yes	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

#### IV. COMPLETION DATA

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay				Tubing Depth		
Perforations							Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

### V. TEST DATA AND REQUEST FOR ALLOWABLE

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.)

OIL WELL <small>(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 just 24 hours.)</small>			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

## GAS WELL

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method ( <i>pilot, back pr.</i> )	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.

George Muller

Signature \_\_\_\_\_  
\_\_\_\_\_ Miller Regulatory Affairs Specialist

Printed Name \_\_\_\_\_

11/15/90

Date \_\_\_\_\_

**Title**

77-5855  
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.