Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brzos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator		10111	7110	or Ort	II OIL	- AND NA	TURALG	<u> </u>	प्रजा	API No.			
									i I				
Mitchell Energy Corporation Address								30-025-31136					
P. O. Box 4000, The	Woodla	ndo T	· v	7738	7-400	١0							
Reason(s) for Filing (Check proper box)	WOOdia	inus, i	Α ,	1130	7 400		et (Please exp	lai=1					
New Well		Change	in Tran	enorter	٠ć٠		(<i>r</i> 10000 Edy)						
Recompletion	Oil		_	Gas									
Change in Operator		ead Gas	- '	densate	$\overline{\Box}$								
If change of operator give name	Campi				<u> </u>						 		
and address of previous operator													
II. DESCRIPTION OF WELL	AND L	FACE					R-952	i Li	7-1	-91			
Lease Name											of Lease No.		
Coyote State						arl (Morrow)						033	
Location													
T.	1	980	_	_	_ Nc	orth	. 165	O.			West		
Unit Letter F	_ : <u>-</u>	: Feet From The					rth Line and 1650 Fe				et From The West Line		
Section 36 Township 19S Range 35E							.NMPM. Lea				a County		
occuon o nowner	<u></u>		Kan	Ke .		, 14	wiriwi,			-		County	
III. DESIGNATION OF TRAI	SPORT	ER OF (DIL A	ND N	ITA	RAL GAS							
Name of Authorized Transporter of Oil		or Cond		[X			e address to w	hick ap	prived	copy of this	form is to be s	ent)	
Texaco Trading & Tra	unsport	aion.	Inc	<u>۔۔۔</u>	١	P.O. Bo	ox 60628	Mid	land	1 my 70	711_062	,	
Name of Authorized Transporter of Casin				ry Gas	\square	Address (Giv	e address to w	hick ap	Dritwea	copy of this	form is to be s	ent)	
Gas Company of New N	lexico					P.O. Box 26400 Albuqu							
If well produces oil or liquids,	Unit	Sec.	Twy	,	Rge.	Is gas actually			When	?			
give location of tanks.	F	36	19	9s	35E		No Yes	أ ب		5/91	accord	ling To	
If this production is commingled with that	from any o	ther lease o	r pool,	give co	mmingl	ing order numi	ber:	<u>_</u>			Stat	took.	
IV. COMPLETION DATA													
		Oil We	ш	Gas '	Well	New Well	Workover	De	pra	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion				Х		X		1		Ì	ĺ	i l	
Date Spudded	Date Cor	npl. Ready	to Proc	1		Total Depth				P.B.T.D.			
2/12/91		4/1	9/91	1		12780'					12704'		
Elevations (DF, RKB, RT, GR, etc.)	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth		
3676' GR Morrow						12416'				12410'			
Perforations											Depth Casing Shoe		
12,416-12,65	14										12775'		
· · · · · · · · · · · · · · · · · · ·		TUBING	, CA	SING	AND	CEMENTI	NG RECOR	<u> </u>					
HOLE SIZE	C,	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
17 1/2"		13 3/8"					500			-4	525 sx "C"		
12 1/4"		9 5/8"				5169				1522 sx Lite + 150 sx "C"			
8 3/4"		5 1/2"					12775				190 sx Lite + 1400 sx P		
V. TEST DATA AND REQUE	CT EAD	ALLOU	/ A 10 T	E						<u> </u>			
OIL WELL (Test must be after t						he sevel to on	avered ten all	bl-	Can shi	a damek an ha	Can full 24 hav	\	
Date First New Oil Run To Tank	Date of T		oj tod	ia ou ai	A MASI		shod (Flow, pe				JOY JIEL 24 HOL	73.)	
Date I ha few on Rule to Talk	Date of 1	CM				r rooteing with	and trion, b		y., •	•••••			
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Thomas Transite						Casing 170sasio							
Actual Prod. During Test	Prod. During Test Oil - Bbls.				Water - Bbls.				Gas- MCF				
						17 201							
CACNETT										1			
GAS WELL Actual Prod. Test - MCF/D	V c====	Tori			···	BU. A-1	A A 1/				and a sec		
	Length O	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate 45°			
764 Testing Method (pitot. back pr.)	Tubing P	26 hrs. Tubing Pressure (Shut-in)				88 Casing Pressure (Shut-in)				Choke Size			
•	ruoing r	, ,								12/64			
back pressure	4156					pkr				1	12/04		
VI. OPERATOR CERTIFIC					3	ے ا	DIL CON	ISE	DW.		AIVISIC	M	
I hereby certify that the rules and regu							DIL CON	الككر	HIN	20 L 12	Bision	// \	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.													
O 11/1						Date Approved							
Han I /ullil													
San Juffly						By ORIGINAL SIGNED BY JERRY SEXTON							
Signature Dan L. Tuffly Dist Engineer						DISTRICT I SUPERVISOR							
Printed Name Title						THE					, w		
4/30/91		(915)			6	11118.					······································		
Date		Te	lephone	s No.									
				-	مهرد	*		-					

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.