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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.	
Operator Mitchell Energy Corporation	Well APINo. 30-025-31228
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"/>
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 Top Hat 26 Fed	Well No. 1	Pool Name, Including Formation Wildcat (Morrow)	Kind of Lease State, Federal or Fee	Lease No. NM 82926
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line Section 26 Township 20S Range 33E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texaco Trading & Transportation, Inc.	or Condensate <input checked="" type="checkbox"/>	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 Llanero Inc.	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 26	Twp. 20S	Rge. 33E	Is gas actually connected? No YES	When? 3-9-92

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 7-1-91	Date Compl. Ready to Prod. 11-8-91		Total Depth 14,260'		P.B.T.D. 14,118'			
Elevations (DF, RKB, RT, GR, etc.) 3652' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,750'		Tubing Depth 13,600'			
Perforations 13,750-68', 13773-82', 13810-18'					Depth Casing Shoe 14,260'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20" 94#/ft		519'		925 sx			
17 1/2"	13 3/8" 68#/ft		2404'		1650 sx			
12 1/4"	9 5/8" 40#/ft		5255'		975 sx			
8 3/4"	5 1/2" 17 & 20#/ft		14260'		2245 sx			

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	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

Actual Prod. Test - MCF/D 1260	Length of Test 24 hrs.	Bbls. Condensate/MMCF 55	Gravity of Condensate 56.6
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3050	Casing Pressure (Shut-in) 0	Choke Size 16/64"

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 James Blount Engineer
Printed Name James Blount Title
Date 11/20/91 Telephone No. (915) 682-5396

OIL CONSERVATION DIVISION

Date Approved JUN 28 1993

By Paul Kautz Orig. Signed by
Geologist

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.