

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mitchell Energy Corporation		Well API No. 30-025-31856
Address P.O. Box 4000 The Woodlands, Texas 77383-4000		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Request for test allowable prior to Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> P&A 125 bb Oct 1993		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Anasazi "16" State	Well No. 1	Pool Name, Including Formation Wildcat (Bone Spring)	Kind of Lease State, Federal or P&X	Lease No. E-3441
Location Unit Letter G : 1730 Feet From The North Line and 1980 Feet From The East Line Section 16 Township 20S Range 33E NMPL 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 type="checkbox"/> or Dry Gas <input 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 G	Sec. 16	Twp. 20S	Rge. 33E	Is gas actually connected? No	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-28-93	Date Compl. Ready to Prod. 9-17-93		Total Depth 13,860		P.B.T.D. 11523			
Elevations (DF, RKB, RT, GR, etc.) 3539' GL, 3557' KB	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9306		Tubing Depth 9405'			
Performances 9306' - 9352'					Depth Casing Shoe 13,858'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20", 94#		497'		900			
17 1/2"	13 3/8" 68#		2964'		2100			
12 1/4"	8 5/8" 32#		5299'		1150			
7 7/8"	5 1/2" 17#		13858'		1200			

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 9-24-93	Date of Test 9/17- 10/1/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 15 days	Tubing Pressure 40 psi	Casing Pressure 0	Choke Size open
Actual Prod. During Test	Oil - Bbls. 102	Water - Bbls. 2,748	Gas - MCF NA

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 
Greg Colburn Staff Production Engineer

Printed Name
10-15-93 (915) 682-5396 Title
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 29 1993

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.