Submit 3 Coxies       State of New Mexico         Appropriate District Office       Energy, Minerals and Natural Resources Department         DISTRICTIN       P.O. Box 2088         PO. Foxer DD, Anesia, NM 85210       DIL CONSERVATION DIVISION         DISTRICTIN       P.O. Box 2088         Santa Fe, New Mexico 87504-2083       Santa Fe, New Mexico 87504-2083         DISTRICTIN       REQUEST FOR ALLOWABLE AND AUTHORIZATION         I.       TO TRANSPORT OIL AND NATURAL GAS         Operator       Well APINa.         Address       Out Conservation         Address       Out Conservation         P. O. Box 4000, The Woodlands, TX 77387-4000       Well APINa.         Recompletion       Charge in Transporter of:         Recompletion       Charge in Transporter of:         Recompletion       Charge in Transporter of:         Recompletion       Charge in Operator         I. DESCRIPTION OF WELL AND LEASE       Well No.         Pool Name, Including Formation       Kind of Lease         Scharbauer       "4"         I. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Automized Transporter of OI       State of Proon The         Section       4         Out Lease       Sange         Sisections	e Lesse Na East Line County
DISTRICT II       OIL CONSERVATION DIVISION         P.O. Drawer DD, Arteria, NM 85210       P.O. Box 2088         DISTRICT III       Santa Fe, New Mexico 87504-2088         DISTRICT III       REQUEST FOR ALLOWABLE AND AUTHORIZATION         I.       TO TRANSPORT OIL AND NATURAL GAS         Operator       Well APINa.         Mitchell Energy Corporation       30-025-314         Address       P. O. Box 4000, The Woodlands, TX 77387-4000         Results of provide proper bax       Image in Transporter of:         New Well       Change in Transporter of:         Change in Operator       Catagehad Gas         If change of operator provides operator       THIS WELL HAS BEEN PLACED IN THE POOC         If change of operator       Catagehad Gas         I. DESCRIPTION OF WELL AND LEASE       MOTHY THIS OFFICE. R - IDO 91 4/1/94         Lecation       Well No.         Scharbauer "4"       News Teas (Yates/7 Rivers)         Lecation       Geodenatis         Unit Letter       0         Section 4       Township         20S       Range         Marker Scharbauer To Oli       Godenatis         II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil       Township         Scha	857 Lesso Na East Line County
Santa Fe, New Mexico 87504-2088         NEQUEST FOR ALLOWABLE AND AUTHORIZATION         I. TO TRANSPORT OIL AND NATURAL GAS         Operator       Well APINo.         Mitchell Energy Corporation       30-025-314         Address       P. O. Box 4000, The Woodlands, TX 77387-4000         Reason(s) for Filing (Check proper box)       Data Change in Transporter of:         New Well       Change in Transporter of:         Recompletion       X         Change in Operator       Casionghead Gu         Condensus       It is well HAS BEEN PLACED IN THE POOC         In DESCRIPTION OF WELL AND LEASE       MOTIFY THIS OFFICE. R - 10091 11/1 / 941         Lease Name       Well No.         Scharbauer "4"       I Well No.         Location       Well No.         Scharbauer "4"       Geogenetic From The South Line and 1980         Location       Feet From The South Line and 1980         Unit Latter       O         Scharbauer "4"       20S         Location       Same South Line and 1980         Feet From The South Line and 1980       Feet From The South Line and 1980         Mult Latter       O         Scharbauer "4"       Condensate         Unit Latter       O <t< td=""><td>e Lesse Na East Line County</td></t<>	e Lesse Na East Line County
I.       TO TRANSPORT OIL AND NATURAL GAS         Operator       Well APINa.         Address       30-025-314         Address       30-025-314         Address       Boom (Please explain)         Reason(s) for Filing (Check proper bax)       Other (Please explain)         New Well       Change in Transporter of:         Recompletion       XI       Other (Please explain)         New Well       Change in Transporter of:         Recompletion       XI       Other (Please explain)         New Well       Change in Transporter of:         Recompletion       XI       Other (Please explain)         New Well       Change in Transporter of:       Condensuse         If change of operator       Casinghead Gas       Condensuse         If change of operator give name       THIS WELL HAS BEEN PLACED IN THE POOC         ad address of previous operator       DESIGNATED BELOW: IF YOU DO NOT CONCUR         II, DESCRIPTION OF WELL AND LEASE       NOTIFY THIS OFFICE: $R - IDO(91 - 4/1/294)$ Lease Name       Well No.       Pool Name, Including Formation       Kind of Lease         Scharbauer       "4"       I       West Teas (Yates/7 Rivers)       SettexExplored or Feel         Location       Unit Letter       0       660	e Lesse Na East Line County
Mitchell Energy Corporation       30-025-314         Address       P. O. Box 4000, The Woodlands, TX 77387-4000         Reason(s) for Filing (Check proper box)       Other (Please explain)         New Well       Change in Transporter of:         Recompletion       X         Change in Operator       Casinghead Gas         If change of operator give name and address of previous operator       THIS WELL HAS BEEN PLACED IN THE POOC         If change of operator give name and address of previous operator       THIS WELL HAS BEEN PLACED IN THE POOC         ID ESCRIPTION OF WELL AND LEASE       MOTHPY THIS OFFICE. $R - 10091$ $1/1/94/$ Lease Name       Well No.       Pool Name, Including Formation       Kind of Lease         Scharbauer "4"       1       West Teas (Yates/7 Rivers)       Xind of Lease         Location       0       660       Feet From The South Line and 1980       Feet From The .         Unit Letter       0       660       Feet From The South Line and 1980       Feet From The .         Section       4       Township       20S       Range       33E       NMPM,       Lease         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authonized Transporter of Oil X       or Condenate       Address (Give address to whick approved copy of this f.         Name of Aut	e Lesse Na East Line County
Address       P. O. Box 4000, The Woodlands, TX 77387-4000         Reason(s) for Filing (Check proper box)       Description         New Well       Change in Transporter of:         Recompletion       X         Oil       Dry Gas         Change of Operator       Casinghead Gas         If change of Operator give name       THIS WELL HAS BEEN PLACED IN THE POOC         and address of previous operator       Image in Condensate         II. DESCRIPTION OF WELL AND LEASE       NOTIFY THIS OFFICE. R - 10091 4/1/94/         Lease Name       Well No.         Scharbauer       "4"         ID       Well No.         Pool Name, Including Formation       Kind of Lease         Scharbauer       660         Feet From The       South Line and 1980         Unit Letter       0         Section       4         Township       20S         Range       33E         NMEM,       Leas         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authonized Transporter of Oil       X         or Condensate       Address to whick approved copy of this f         Name of Authonized Transporter of Oil       X         Name of Authonized Transporter of Oil       Y	e Lesse Na East Line County
Reason(s) for Filing (Check proper box)       Change in Transporter of:         New Well       Oil       Dry Gas         Change in Operator       Casinghead Oas       Condensate         If change of operator give name and address of previous operator       THIS WELL HAS BEEN PLACED IN THE POOC         II. DESCRIPTION OF WELL AND LEASE       MOTIFY THIS OFFICE. $R - IDO gi       4/i/gi/         Lease Name       Well No.       Pool Name, Including Formation       Kind of Lease         Scharbauer       Well No.       Pool Name, Including Formation       Kind of Lease         Unit Letter       0       660       Feet From The       South       1980         Unit Letter       0       660       Feet From The       South       Line and       1980         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       NMPM,       Lea       Lea         Name of Authorized Transporter of Oil       X       or Condensate       Address (Give address to whick approved copy of this f.         Name of Authorized Transporter of Oil       X       or Condensate       Address f.       P. O. Box 1558, Breckenridge,   $	East Line
Recompletion       X       Oil       Dry Gas         Change in Operator       Casinghead Gas       Condentate         If change of operator give name and address of previous operator       THIS WELL HAS BEEN PLACED IN THE POOC BESIGNATED BELOW. IF YOU DO NOT CONCUR         II. DESCRIPTION OF WELL AND LEASE       MOTIFY THIS OFFICE. $R - 100.91$ $4/1/94/$ Lease Name       Well No.       Pool Name, Including Formation       Kind of Lease         Scharbauer       "4"       1       West Teas (Yates/7 Rivers)       StetexTestson of Feet         Location       Unit Letter       0       660       Feet From The       South       1980       Feet From The         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil       Torcodentate       Address (Give address to whick approved copy of this for P. O. Box 1558, Breckenridge,	East Line
If change of operator give name and address of previous operator       THIS WELL HAS BEEN PLACED IN THE POOC DESIGNATED BELOW. IF YOU DO NOT CONCUR MOTIFY THIS OFFICE. R - 10091 4/1/94/         II. DESCRIPTION OF WELL AND LEASE       MOTIFY THIS OFFICE. R - 10091 4/1/94/         Lease Name       Well No.         Scharbauer "4"       I         Unit Letter       0         660       Feet From The         Scetion       4         Township       20S         Range       33E         NII. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil         Xame of Authorized Transporter of Oil	East Line
BESIGNATED BELOW: IF YOU DO NOT CONCUR         II. DESCRIPTION OF WELL AND LEASE       MOTIFY THIS OFFICE. R - 10091 4/1/941         Lesse Name       Well No.         Scharbauer       "4"       1       West Teas (Yates/7 Rivers)       Xind of Lesse         Scharbauer       "4"       1       West Teas (Yates/7 Rivers)       Xind of Lesse         Location       Unit Letter       0       660       Feet From The       South       1980       Feet From The         Section       4       Township       20S       Range       33E       NMPM,       Leas         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authonized Transporter of Oil       Township       or Condensate       Address (Give address to whick approved copy of this f.         Name of Authonized Transporter of Oil       Township       Or Condensate       P. O. Box 1558, Breckenridge,	East Line
Lesse Name       Well No.       Pool Name, Including Formation       Kind of Lesse         Scharbauer       "4"       1       West Teas (Yates/7 Rivers)       Stetex Stetex Stetex of Fee         Location       Unit Letter       0       660       Feet From The       South       1980       Feet From The         Section       4       Township       20S       Range       33E       NMPM,       Lease         III.       DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authonized Transporter of Oil       Township       or Condensate       Address (Give address to whick approved copy of this f.         Name of Authonized Transporter of Oil       Township       Or Condensate       Description       P. 0. Box 1558, Breckenridge,	East Line
Unit Letter       0       660       Feet From The       South       1980       Feet From The         Section       4       Township       20S       Range       33E       NMPM,       Lea         III.       DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authonized Transporter of Oil       Township       or Condensate       Address (Give address to whick approved copy of this for P. O. Box 1558, Breckenridge,	Line County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authonized Transporter of Oil         X or Condensate         Koch Oil Company         P. 0. Box 1558, Breckenridge,	
Name of Authonized Transporter of Oil To Condensate Address (Give address to which approved copy of this f. Koch Oil Company P. O. Box 1558, Breckenridge,	
	-
Name of Authonized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this f. GPM Gas Company 4044 Penbrook, Odessa, TX 79	'orm is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rge. is gas actually connected? When ?	/31/94
If this production is commingled with that from any other lease or pool, give commingling order number:	
Oll Well Gas Well New Well Workover Deepen Plug Back	Same Res'v Diff Res'v
Date Spuided Date Compl. Ready to Prod. Total Depth P.B.T.D.	Ll
4/3/931/24/9413,720'Elevations (DF, RKB, RT, GR, elc.)Name of Producing FormationTop Oil/Gas PayTubing Dept	3338'
3556' GR Yates 3156' Depth Casin	3139'
3156-3273' (37 holes)	5382'
TUBING, CASING AND CEMENTING RECORD           HOLE SIZE         CASING & TUBING SIZE         DEPTH SET         SECOND	SACKS CEMENT
see attached	
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 f Date First New Oil Run To Tank Date of Test 1/21/01	or full 24 hours.)
1/31/942/1/94PumpLength of TextTubing PressureCasing PressureChoke Size	
24 hours      35 psi       Actual Prod. During Test     Oil - Bbls.     Water - Bbls.     Gas-MCF	
110 48	8
GAS WELL Actual Frod. Test - MCF/D [Length of Test] Bbls. Condensate/MMCF [Gravity of C	ondensals
Testing Method (puor, back pr.) Tubing Pressure (Shui-in) Casing Pressure (Shui-in) Choke Size	
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved	
Signature By ORIGINAL SIGNED BY JERRY	SEXTON DR
Greg Colburn Staff Production Engineer Priced Name Title Title	
2/2/94         (915)         682-5396           Date         Telephone No.         The phone No.	

1) 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.

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