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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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mitchell Energy Corporation		Well API No. 30-025-31895
Address P. O. Box 4000, The Woodlands, TX 77387-4000		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tomahawk "28" Fed Com	Well No. 1	Pool Name, Including Formation South Salt Lake (Morrow) 4/1/99	Kind of Lease State, (Federal) or Fee	Lease No. NM 89889
Location Unit Letter F : 1650 Feet From The North Line and 1980 Feet From The West Line Section 28 Township 20S Range 33E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Co. a Div. of Koch Industries	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas Gas Co. of New Mexico	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 F	Sec. 28	Twp. 20S	Rge. 33E	Is gas actually connected? Yes	When? 10-1-93

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 5/18/93	Date Compl. Ready to Prod. 7/29/93		Total Depth 14,260'		P.B.T.D. 14,162'			
Elevations (DF, RKB, RT, GR, etc.) 3612.5' KB, 3595' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,908'		Tubing Depth 13,904'			
Perforations 13,908-13,944'					Depth Casing Shoe 14,258'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20" K-55		533'		1235 sx Prem Plus			
17 1/2"	13 3/8" K-55		3425'		2750 sx Prem Plus			
12 1/4"	8 5/8" K-55		5324'		660 sx Lite + Prem Plus			
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 for full 24 hours.)

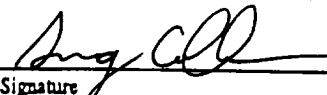
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1002	Length of Test 24 hrs	Bbls. Condensate/MMCF 7.39	Gravity of Condensate 49.0°
Testing Method (prior, back pr.) meter run	Tubing Pressure (Shut-in) 4680	Casing Pressure (Shut-in) 0	Choke Size 6/64"

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 
Greg Colburn Staff Production Engineer
Printed Name
8/12/93 (915) 682-5396
Date Telephone No.

OIL CONSERVATION DIVISION

OCT 06 1993

Date Approved

By

Orig. Signed by
Paul Kautz
Geologist

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.

RECEIVED

SEP 06 1993

OOD HOBBS
OFFICE