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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. 30-025-27564
Address P.O. Box 4000 The Woodlands, Texas 77387-4000		
Reason(s) for Filing (Check proper box)		
New Well	<input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion	<input checked="" type="checkbox"/>	
Change in Operator	<input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SAN SIMON 5 ST	Well No. 1	Pool Name, Including Formation SAN SIMON (WOLFCAMP)	Kind of Lease <input checked="" type="checkbox"/> Federal or Fee	Lease No. LG-4136
Location Unit Letter <u>E</u> : <u>660</u> Feet From The <u>WEST</u> Line and <u>1980</u> Feet From The <u>NORTH</u> Line Section <u>5</u> Township <u>22S</u> Range <u>35E</u> LEA NMPM County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXACO Trading and Transportation, Inc.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 60628 MIDLAND, TEXAS 79711-0628
Name of Authorized Transporter of Casinghead Gas GPM Gas Services Company	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 5
	Twp. 22S	Rge. 35E
	Is gas actually connected? YES	
	When? 10-7-93	

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 X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v	Diff Res'v X
Date Spudded	Date Compl. Ready to Prod. 10-7-93		Total Depth 13,250'		P.B.T.D. 11,516'			
Elevations (DF, RKB, RT, GR, etc.) 3641' GR	Name of Producing Formation WOLFCAMP		Top Oil/Gas Pay 11,128'		Tubing Depth 11,516'			
Perforations 11,128- 11,265'					Depth Casing Shoe 13,248'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 10-17-93	Date of Test 10-18-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 30	Casing Pressure PKR	Choke Size OPEN
Actual Prod. During Test	Oil - Bbls. 10	Water - Bbls. 2	Gas - MCF 475

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 James Blount
JAMES BLOUNT ENGINEER
Printed Name
10-22-93 (915) 682-5396
Date
Telephone No.

OIL CONSERVATION DIVISION

NOV 16 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.