

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Mitchell Energy Corporation		Well API No. 30-025-31959
Address P. O. Box 4000, The Woodlands, TX 77387-4000		CASINGHEAD GAS MUST NOT BE
Reason(s) for Filing (Check proper box) 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"/>		FLARED AFTER 10-23-93 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

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 ~~COMMIT~~

II. DESCRIPTION OF WELL AND LEASE

NOTICE THIS OFFICE R-10091

Lease Name Bighorn "30" State	Well No. 2	Pool Name, Including Formation East Red Tank (Bone Spring)	Kind of Lease (State, Federal or Fee)	Lease No. VB-0374
Location Unit Letter F : 2310 Feet From The North Line and 1650 Feet From The West Line Section 30 Township 22S Range 33E, NMPM, 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, Texas 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 F	Sec. 30	Twp. 22S	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7/8/93	Date Compl. Ready to Prod. 8/11/93		Total Depth 10,491'		P.B.T.D. 10,371'			
Elevations (DF, RKB, RT, GR, etc.) 3746' KB	Name of Producing Formation Upper Bone Spring		Top Oil/Gas Pay 8,887'		Tubing Depth 9,061'			
Perforations 8887-8898' (45 holes), 8900-8906' (25 holes)					Depth Casing Shoe 10,490'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" K-55		500'		600 sx "C"			
12 1/4"	8 5/8" K-55		4800'		2150 sx 65/35 POZ-C + C			
7 7/8"	5 1/2" K-55 & N-80		10490'		1050 sx POZ-H			
	2 7/8" N-80		9061'					

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 8/11/93	Date of Test 8/12/93	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs	Tubing Pressure 300 psi	Casing Pressure 300 psi	Choke Size open
Actual Prod. During Test	Oil - Bbls. 183	Water - Bbls. 41	Gas - MCF 263

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Eng.
Printed Name Title
8/13/93 (915) 682-5396
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 23 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.

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