

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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. 30-025-31619
Address P.O. Box 4000 The Woodlands, TX 77387-4000		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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"/>	

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Comanche State Unit	Well No. 1	Pool Name, Including Formation Hat Mesa (Morrow) <i>Gas</i>	Kind of Lease (State) Federal or Fee	Lease No. VB-204/VA-3973
Location Unit Letter <u>L</u> : <u>660</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u> Line Section <u>9</u> Township <u>21S</u> Range <u>33E</u> , <u>NMPM</u> Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Company, Div. of Koch Industries	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, Texas 76424				
Name of Authorized Transporter of Casinghead Gas Llano Inc.	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 505 W. Sanger Hobbs, NM 88240				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 9	Twp. 21S	Rge. 33E	Is gas actually connected? <i>Yes</i>	When? 11-1-92

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 7-31-92	Date Compl. Ready to Prod. 10-14-92	Total Depth 14,550'		P.B.T.D. 14,472'				
Elevations (DF, RKB, RT, GR, etc.) 3842' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,987'		Tubing Depth 13,960'			
Perforations 13,987-14,002', 14,022-30', 14,086-95' & 14,296-302'					Depth Casing Shoes 14,550'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		510'		985			
17 1/2"	13 3/8"		3733'		2375			
11"	8 5/8"		5516"		1150			
7 7/8"	5 1/2"		14,550'		850 + 950 thru DV @ 9312'			

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 4150	Length of Test 3 hrs.	Bbls. Condensate/MMCF 44	Gravity of Condensate 50.1
Testing Method (pilot, back pr.) Back PR.	Tubing Pressure (Shut-in) 4650	Casing Pressure (Shut-in) 0	Choke Size 17/64"

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.

*James Blount*  
Signature  
James Blount Engineer  
Printed Name  
10-21-92 Title  
Date 915-682-5396  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 02 '92  
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.