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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. 30-025-31620
Address P.O. Box 4000 The Woodlands, TX 77387-4000		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> FLARED AFTER 4-10-93 Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> UNLESS AN EXCEPTION TO R-4070 Change in Operator <input type="checkbox"/> IS OBTAINED.		

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Comanche 17 State	Well No. 2	Pool Name, including Formation Undesignated Delaware	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. V-3427
Location Unit Letter H : 660 Feet From The East Line and 1980 Feet From The North Line Section 17 Township 21 S Range 33 E , 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"/> Koch Oil Company, a Div. of Koch Industries		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, TX 76424				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Llano Inc.		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 H	Sec. 17	Twp. 21 S	Rge. 33 E	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 12-31-92	Date Compl. Ready to Prod. 2-5-93		Total Depth 8980'		P.B.T.D. 8930'			
Elevations (DF, RKB, RT, GR, etc.) 3804' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 8753'		Tubing Depth 8802'			
Perforations 8753-86'					Depth Casing Shoe 8979'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		520'		525 sx			
12 1/4"	8 5/8"		3750'		1275 sx			
7 7/8"	5 1/2"		8979'		1150 sx			
	2 7/8"		8802'					

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 2-10-93	Date of Test 2-14-93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 25	Casing Pressure 25	Choke Size --
Actual Prod. During Test	Oil - Bbls. 39	Water - Bbls. 215	Gas - MCF n.m.

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

Printed Name
2-16-93 (915) 682-5396
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 24 1993

By ORIGINAL SIGNED BY JERRY SENTON
DISTRICT 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.