District I PO Box 1980, Hobbs, NM 88241-1980 District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

C157	
עוע	Form C-104
Revi	sed October 18, 1994
U,	sed October 18, 1994 Instructions on back
Submit to Appr	opriate District Office
, (1	5 Copies

AMENDED REPORT

Mitchell Energy Corporation										OGRID Number				
P.O. Box 4000 The Woodlands, TX 77387-4000									³ Reason for Filing Code RC					
	PI Numbe			DEN Heen Me	esa (Atok		Pool Nam	•				709	82370	
¹ Property Code ¹ Property Name								me		' Weil Number				
14978	············	Location		orral I	Fly "35"	Fed Co	om	· 		 		1		
Ul or lot no.	Section	Township	1	Range	Lot.Idn	Feet from	the	North/Sc	outh Line	Feet from the	East/Wo	at line	County	
F	35	245		29E		1980		:		1980	1			
L						1980	North			1900	30 West Eddy			
UL or lot no. Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line											County			
0201101201	occuon.	10.10027		7 aug	201102	100	North/obsta		outh line	rect from me	East/West line County		County	
¹² Lse Code F	13 Produ	cing Method (Code		Connection Date L8-94	e ¹⁵ C-	15 C-129 Permi		1	C-129 Effective l	Date	17 C-129 Expiration Date		
III. Oil ai						·								
11 Transpoi OGRID	rter			ansporter l			¹¹ POD ²¹ O/G			1	¹¹ POD ULSTR Location and Description			
7057	E	1 Paso		Matural Gas Co.			2811520 G			and Description				
7037	***************************************	ox 1492 1 Paso,	тх				511520		G	3 00 FC 12 34 56 70 17 17 17 17 17 17 17 17 17 17 17 17 17				
022507					Frans. In	ıc. 29	313138		0			, 1	1 3	
	9300300004	Box 60			-0628		13138 0 (37)			OCOPEC	(1) 20 20 20	2 2		
										ARTESIA 18				
								551202018178N						
									483031					
IV. Produ	uced W	ater												
23	POD	!				1	POD UI	STR Loca	tion and I	Description			(
V. Well	Comple	etion Data	a											
				Ready Date 19-99		"TD 14000'		" РВТО 13390'		" Perfora	rations ³⁴ DHC, DC,MC		^з DHC, DC,MC	
31 Hole Size			Ì	32 Casing & Tubing Siz			33 Depth S				34 Sacks Cement			
8-3/	4 ⁿ		_	7"	11314'			DV tool @ 7525', 1735						
4-1/2") II	11109' +/			an C 1	13998' btm		shoe, 975 sx 275 sx, sqz top		
				2-3/8		11109' top & 1 12,651'			LJJJO DUN	2/3	SX,	sqz cop		
VI. Well	Test D	ata												
				livery Date 3' Test 01-1		st Date 13-00	^н Test Length 6		ength	" Тъg. Р 550	Tog. Pressure		" Csg. Pressure O	
41 Choke Size		42 O	O Oil		Vater O		" Ga 18			AOF		"Test Method flowing		
	e informati				ivision have been plete to the best o		Approve			naeryae nct h supe			n all	
Kon Jaupi							Day							
Printed name: Rob Pawlik							Title:							
Sr. Stair Production Engineer						E070	Approval Date: July 1 2 2000							
Date: 5-31-00 Phone: (713) 377-5979 "If this is a change of operator fill in the OGRID number and name of the prev								tor						
., 15 4 (F 1m m												
	Previou	o Operator Sig	natu	re			Print	ed Name		-	Tie	le	Date	
L	····				New M	exico Oil	Conserv Instructi		ision					

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be

accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

accordance with Aute 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for

changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested) equested

If for any other reason write that reason in this box.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12.

Ind

Navajo Ute Mountain Ute Other Indian Tribe

13. The producing method code from the following table:

Pumping or other artificial lift

- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
 O Oil
 G Gas 21.

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water 24. (Example: 'Tank",etc.)
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Write in 'DHC' if this completion is downhole commingled with another completion, DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in 30.
- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33
- Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36.
- 37. MO/DA/YR that the following test was completed

- 38. Length in nours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well:

Flowing Pumping Swabbin

If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 47.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 48.