

District I
PO Box 1900, Hobbs, NM 88241-1900
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brans Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Mitchell Energy Corporation P.O. Box 4000 The Woodlands, Texas 77387-4000		OGRID Number 015025
		Reason for Filing Code CO
API Number 30 - 015 27434	Pool Name NE LIVINGSTON RIDGE (ATOKA)	Pool Code 96148
Property Code 013487	Property Name APACHE "13" FED	Well Number 1

II. ¹⁰ Surface Location

UL or lot no. H	Section 13	Township 22S	Range 30E	Lot Ida	Feet from the 1330	North/South Line North	Feet from the 330	East/West line East	County Eddy
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¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
Lee Code	Producing Method Code	Gas Connection Date 12-23-93	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
022507	Texaco Trading & Transportation, Inc. P.O. Box 60628 Midland, TX 79711-0628	2806681	O	
007057	El Paso Natural Gas Company Box 1492 El Paso, TX 79978	2806678	G	

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IV. Produced Water

OIL CON. DIV.
DIST. 2

POD 2806680	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

" I hereby certify that the rules 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:

George Mullen

Printed name:

George Mullen

Title:

Regulatory Affairs Specialist

Date:

4-1-96

Phone:

(713)377-5855

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

Title:

Approval Date:

APR 9 1996

" If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

22.	The ULSTM location of the POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)	
23.	The POD number of the storage from which water is moved into the POD. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.	
24.	The ULSTM location of the 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 Tank", etc.)	
25.	MO/D/A/Y/R drilling commenced	
26.	MO/D/A/Y/R this completion was ready to produce	
27.	Total vertical depth of the well	
28.	Plugback vertical depth	
29.	Top and bottom perforation in the completion or casing shoe and TD if openhole	
30.	Inside diameter of the well bore	
31.	Outside diameter of the casing and tubing	
32.	Depth of casing and tubing. If a casing liner show top and bottom.	
33.	Number of sacks of cement used per casing string	
34.	MO/D/A/Y/R that new oil was first produced	
35.	MO/D/A/Y/R that gas was first produced into a pipeline	
36.	MO/D/A/Y/R that the following test was completed	
37.	Length in hours of the test	
38.	Flowing tubing pressure - oil wells	
39.	Shut-in tubing pressure - gas wells	
39.	Flowing casing pressure - oil wells	
39.	Shut-in casing pressure - gas wells	
40.	Diameter of the choke used in the test	
41.	Barrels of oil produced during the test	
42.	Barrels of water produced during the test	
43.	MCF of gas produced during the test	
44.	Gas well calculated absolute open flow in MCF/D	
45.	The method used to test the well: F Flowing P Pumping S Swabbing If other method please write it in.	
46.	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	
1.	Operator's name and address	
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	
3.	Reason for filling code from the following table: NW New Well RC Recompletion CH Change of Operator 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) 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	
10.	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.	
11.	The bottom hole location of this completion	
12.	Lease code from the following table: F Federal S State P Fee J Judicial N Navajo Ute Mountain Ute I Other Indian Tribe	
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	
14.	MO/D/A/Y/R that this completion was first connected to a gas transporter	
15.	The permit number from the District approved C-129 for this completion	
16.	MO/D/A/Y/R of the C-129 approval for this completion	
17.	MO/D/A/Y/R of the expiration of C-129 approval for this completion	
18.	The gas or oil transporter's OGRID number	
19.	Name and address of the transporter of the product	
20.	The number assigned to the POD from which this product will be transported by the transporter. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.	
21.	Product code from the following table: O Oil G Gas	

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"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.

A request for allowable for newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 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.