

District I
PO Box 1900, Hobbs, NM 88241-1900
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brava 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

¹ Operator name and Address Mitchell Energy Corporation P.O. Box 4000 The Woodlands, Texas 77387-4000		² OGRID Number 015025
		³ Reason for Filing Code CO
⁴ API Number 30 - 0 15 27478	⁵ Pool Name LOS MEDANOS (WOLFCAMP) Gas	⁶ Pool Code 96336
⁷ Property Code 013406	⁸ Property Name APACHE "25" FED COM	⁹ Well Number 2

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
P	25	22S	30E		660	South	1310	East	Eddy

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
¹² Lee Code	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permkt Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
022507	Texaco Trading & Transportation, Inc. P.O. Box 60628 Midland, TX 79711-0628	2806675	O	
007057	El Paso Natural Gas Company Box 1492 El Paso, TX 79978	2806678	G	
				RECEIVED
				APR 08 1996
				OIL CON. DIV. DIST. 2

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
2806673	

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ FBTD	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method
⁴⁶ 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: <i>George Mullen</i> Printed name: George Mullen Title: Regulatory Affairs Specialist Date: 4-1-96			OIL CONSERVATION DIVISION Approved by: ORIGINAL SIGNED BY TIM W. GUM Title: DISTRICT II SUPERVISOR Approval Date: APR 9 1996		
Phone: (713)377-5855					

⁴⁷ 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 ULSR 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 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.	
24.	The ULSR 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/YR drilling commenced	
26.	MO/D/A/YR this completion was ready to produce	
27.	Total vertical depth of the well	
28.	Plugback vertical depth	
29.	Top and bottom perforation in this 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/YR that new oil was first produced	
35.	MO/D/A/YR that gas was first produced into a pipeline	
36.	MO/D/A/YR that the following test was completed	
37.	Length in hours of the test	
38.	Flowing tubing pressure - oil wells	
39.	Flowing casing pressure - oil wells	
40.	Shut-in casing pressure - gas wells	
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 Swabbing S If other method please write it in.	
47.	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 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 filed 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 the 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 Foreign J California N Navajo Ute Mountain Ute I Other Indian Tribe	
13.	The producing method code from the following table: P Pumping or other artificial lift F Flowing	
14.	MO/D/A/YR 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/YR of the C-129 approval for this completion	
17.	MO/D/A/YR 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 or recompletion and this 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	