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

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back

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OIL CONSERVATION DIVISION

District III 1900 Rio Bran	∞ Rd., Ante	∞, NM 87410			PO B	ox 2088			Subi	nit to Appro	opriate District Of 5 Co	
District IV				Sama	re, N	M 8750	4-2088			<u></u>		
PO Box 2088,	Santa Fc, N	M \$7504-208 REQUES	T FOR A	LLOWA	BLE A	ND AT	ЛНО	የ፤ <i>ፖ</i> .ልጥ	ION TO T		AMENDED REPO	
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Mitchell Energy Corporation P.O. Box 4000										OJ SODE		
The Woodlands, Texas 77387-4000							ŀ			015025 Reason for Filing Code		
										Order DHC-1665		
' API Number						Pool Name			Dow	Downhole Commingling		
30 - 025	30645		١	onimo (Delaware)			' Pool Code					
Property Code				Property Name					27400			
007987				eronimo Federal				' Well Number				
I. 10 Surface Locatio			n	ronimo rederal			1		1			
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						North		outh line	Feet from the	East/West line	ne County	
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. Oil a	nd Gas	Transpor	rters									
Transpor	ter		Transporter	Name		11 no		11 - 1				
OGRID		and Address				²¹ POD			¹¹ POD ULSTR Location and Description			
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Date Ne			divery Date	м т	4 D :							
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" Choke		10-16-97		10-17-97		24			200		12	
Open		26	oi x34%)	4 Water		13 Gas		" AOF		4 Test Method		
	['		of the Oil Conservation Division have been con			36 (X34%)			Pumping			
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Regulatory Affairs Specialist						Approval Date: VAR 02 1000						
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caus as a cha	uige of oper	ator fill in the	e OGRID numi	per and name (of the previ	ous operator						
	President C			·····								
•	A TEVIOUS OF	erator Signat	ure			Printed 1	Name			Title (Date	

New Mexico Oil Conservation Division C-104 instructions

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.

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.

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

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
- The well number for this completion 9.
- 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. 10. Otherwise use the OCD unit letter.
- The bottom hole location of this completion 11.
- Lease code from the following table:
 F Federal
 S State
 P Fee ... 12.

Federal State Fee Jicarilla

ומאל

Navajo Ute Mountain Ute Other Indian Tribe

13. The producing method code from the following table:

- Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. 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.
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 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.)
- 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 Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32
- Number of sacks of cament used per casing string

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
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 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.

- 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 46.
- 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