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1000 Rio Briso Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

OCT 15 1992

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mitchell Energy Corporation	Well AP/Nr. 30-015-25859
Address P.O. Box 4000, The Woodlands, Texas 77387-4000	
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: ☐ Other (Please explain) P & A Recompletion ☐ Oil ☐ Dry Gas ☐ Change in Operator ☒ Casinghead Gas ☐ Condensate ☐	
If change of operator gives name and address of previous operator Manzano Oil Corporation, P.O. Box 2107, Roswell, NM 88202-2107	

II. DESCRIPTION OF WELL AND LEASE

Lease Name PBIC Federal	Well No. 1	Pool Name, including Formation North Shugart Bone Spring	Kind of Lease XXX Federal XXX	Lease No. NM-64595
Location Unit Letter <u>L</u> : <u>1780</u> Feet From The <u>South</u> Line and <u>800</u> Feet From The <u>West</u> Line Section <u>7</u> Township <u>18 South</u> Range <u>31 East</u> NMPM Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, NM 88211-0159</u>			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Phillips 66 Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Pembroke, Odessa, TX 79761</u>			
If well produces oil or liquids, give known or likely Unit Sec. Twp. Rge. Is gas actually connected? When? <u>1</u> <u>7</u> <u>18S</u> <u>31E</u> <u>Yes</u> <u>8/4/88</u>				

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Well	Full Well
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					Post ID-3			
					10-73-92			
					chg op			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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.

George Mullen
Signature
George Mullen Reg. Affairs Spec.
Printed Name
10-09-92 (713) 377-5855
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 16 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.