District I PO Box 1906, Hobbs, NM 88241-1960 District II

State of New Mexico
y, Minerals & Natural Resources Department

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

NO Drawer DD, Artesia, NM 88211-0719 District III

OIL CONSERVATION DIVISION

1000 Rio Brazo	s Rd., Axtec,	NM 87410		Santa F	PO Box Re. NM	: 2088 ::R7#€∩	٩٩٩	_				5 Copie	
Daniel Te, 141/19 120/42/2006 1											ENDED REPORT		
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT													
			Operator and		JUL - 2 1996				¹ OGRID Number				
Mitchell Energy Corporation P.O. Box 4000						· 1				015025			
			nds, Tex	ا <u>پ</u> 7-4000	IL CON. DIV.				Reason for Filing Code				
'API Number North							DIST. 2				RC		
30 - 015	27587		_ <u>_</u>	lanos (Strawn)				Pool Code					
' Pr	roperty Code		¹ Property Name						' Well Number			Vell Number	
013477			Apache "24" Fed						1				
II. 10 Surface Location		Location Township											
P	24	225		Lot.Ida				uth Line Feet from the		East/West line		County	
¹¹ Bottom Hole Lo		<u> </u>			120	Sou Sou		uth	330	East		Eddy	
		Township			Feet from	m the North/South lis		outh line	Feet from the East/West line County		Ct-		
									ration are	E-E-E-F-F	COL MAC	County	
13 Lee Code 15 Prod		ng Method C	ode 14 Gas	Connection Date	e "C	-129 Perm	Permit Number		C-129 Effective	Date	" C-	129 Expiration Date	
			12-01-93										
III. Oil and Gas Transporters "Transporter "Transporter Name "POD "O/G "POD III STR Local"													
OGRID			17 Transporter Name and Address			" POD		^н O/G	²² POD ULSTR Location and Description				
ation.		:10n. II	rading & Transport-			28066	71	0	1:		•	· · · · · · · · · · · · · · · · · · ·	
P.O		O. Box	Box 60628 and, TX 79711-0628						$G^{\mathcal{X}_{i}}$				
			aso Natural Gas Company				2006670						
Box 1		x 1492	492			2806678 G					0	Z .	
El Paso,			rading & Mrangage						You ID 2				
022307 ation, I			nc.			2817418 0				7-19-96			
P.O. Box Midland.									Plyoff Ata				
									comp 5tr				
IV. Produced Water											-		
A 0+ 11 /	POD				3	POD UL	STR Loca	ion and D	escription				
V Well	Complet	ion Date			···								
	ud Date	1011 Date	" Ready Da	" TD			# PRTT)	2º Perforations					
			•			14,525'				12,686'-12,701'			
³ Hole Size			11 Casing & Tubing Size			³¹ Depth Set				³³ Sacks Cement			
17-1/2"				551'			550 sx to Surface						
12-1/4"		-	9-5/8"			3840'				1404 sx to Surface			
8-3/4"			7*			12,400'			1960 sx to ± 3500'			± 3500'	
<u> </u>													
VI. Well		,	Jelius D	1 2	t Date		W.C						
		Gas L			L-96		¹¹ Test Length		M Tbg. Pressure			³⁹ Cag. Pressure	
44 Choke Size			41 Oil 41 W				24 HRS		2500 4 AOF			0 4 Test Method	
14/64*			50 2			2680			"	-			
44 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							OV CONSTRUCT						
knowledge and		given above	-	of may	OIL CONSERVATION DIVISION								
Signature: Slorge Mulle							Approved by: ORIGINAL SIGNED BY TIM W. GUM						
Printed name: George Mullen							Title: DISTRICY II SUPERVISOR						
Tide: Regulatory Affairs Specialist						Approval Date: JUL 1 1 1996							
Date:	7-01-9	·		13)377-5				445 7		<u> </u>			
" If this is a change of operator fill in the OGRID number and name of the previous operator													
 	Previous C	perator Sign			d Name	-		· · · · ·	al -				
1		. processor sough		SEERT IN			111	t le	Date				

New Mexico Oil Conservation Divisi 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 Wall

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
- 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: 12.

Federal State Fee Jicarilla

S

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
- 15.
- The permit number from the District approved C-129 for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.

MO/DA/YR of the C-129 approval for this 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.
- 21. Product code from the following table:
 O Oil

16.

- 22. 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,
- 33. Number of sacks of cement 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.

- 34. 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
- 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:

Flowing Pumping 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.
- 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 47.