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1000 Rio Brazos 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |   |                              |
|---|---|------------------------------|
| I. Operator<br>Mitchell Energy Corporation  |   | Well API No.<br>30-025-31604 |
| Address<br>P.O. Box 4000 The Woodlands, TX 77387-4000                                   |   |                              |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) |   |                              |
| New Well <input checked="" type="checkbox"/>  | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                              |
| Recompletion <input type="checkbox"/>   | Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)   |                              |
| Change in Operator <input type="checkbox"/>   |   |                              |
| If change of operator give name and address of previous operator                        |   |                              |
| THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR            |   |                              |

|   |               |  |                       |
|---|---------------|--|-----------------------|
| II. DESCRIPTION OF WELL AND LEASE   |               | LEASES OFFICE  |                       |
| Lease Name<br>Cochise "1" Fed.  | Well No.<br>1 | Pool Name, Including Formation<br>E. Lusk (Wolfcamp) | Lease No.<br>NM 81599 |
| Location<br>Unit Letter E : 1650 Feet From The North Line and 990 Feet From The West Line |               |  |                       |
| Section 1 Township 19S Range 32E, NMPM,   |               | Lea County   |                       |

|  |   |           |             |             |                                  |        |
|--|---|-----------|-------------|-------------|----------------------------------|--------|
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   |   |           |             |             |                                  |        |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 2436 Abilene, TX 79604 |           |             |             |                                  |        |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)                                    |           |             |             |                                  |        |
| If well produces oil or liquids, give location of tanks.   | Unit<br>E   | Sec.<br>1 | Twp.<br>19S | Rge.<br>32E | Is gas actually connected?<br>No | When ? |
| 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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v <input type="checkbox"/> | Diff Res'v <input type="checkbox"/> |
| Date Spudded<br>6-3-92                      | Date Compl. Ready to Prod.<br>7-29-92        |                                   | Total Depth<br>11,370'                       |                                   | P.B.T.D.<br>11,273'             |                                    |                                     |                                     |
| Elevations (DF, RKB, RT, GR, etc.)<br>3694' | Name of Producing Formation<br>Wolfcamp      |                                   | Top Oil/Gas Pay<br>11,104'                   |                                   | Tubing Depth<br>10,936'         |                                    |                                     |                                     |
| Perforations<br>11,104-11,220'              |  |                                   |  |                                   | Depth Casing Shoe<br>11,368'    |                                    |                                     |                                     |
| TUBING, CASING AND CEMENTING RECORD         |  |                                   |  |                                   |                                 |                                    |                                     |                                     |
| HOLE SIZE                                   | CASING & TUBING SIZE                         |                                   | DEPTH SET                                    |                                   | SACKS CEMENT                    |                                    |                                     |                                     |
| 17 1/2"                                     | 13 3/8" 54.5#                                |                                   | 500'   |                                   | 525 sx                          |                                    |                                     |                                     |
| 12 1/4"                                     | 8 5/8" 32#                                   |                                   | 4599'  |                                   | 950 sx                          |                                    |                                     |                                     |
| 7 7/8"                                      | 5 1/2" 17#                                   |                                   | 11,368'                                      |                                   | 910 sx + 753 sx thru DV         |                                    |                                     |                                     |
|   | 2 7/8" 6.5#                                  |                                   | 10,936'                                      |                                   |                                 |                                    |                                     |                                     |

|   |                         |   |                      |
|---|-------------------------|---|----------------------|
| 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<br>7-29-92   | Date of Test<br>7-31-92 | Producing Method (Flow, pump, gas lift, etc.)<br>Flow |                      |
| Length of Test<br>24 hrs.   | Tubing Pressure<br>320  | Casing Pressure<br>-                                  | Choke Size<br>12/64" |
| Actual Prod. During Test  | Oil - Bbls.<br>378      | Water - Bbls.<br>15                                   | Gas - MCF<br>140     |

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL                         |                           |                           |                       |
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

|  |  |  |  |
|--|--|--|--|
| VI. OPERATOR CERTIFICATE OF COMPLIANCE   |  | OIL CONSERVATION DIVISION                                |  |
| 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. |  | Date Approved AUG 06 1992                                |  |
| Signature James Blount Engineer  |  | By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR |  |
| Printed Name James Blount Title  |  | Title  |  |
| Date 7-31-92 Telephone No. 915-682-5396  |  |  |  |

- 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.

RECEIVED

JG 0 5 1992

100-40000-0000

Fax Recd 8-3-92