

RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISIONForm W-12
(1-1-71)

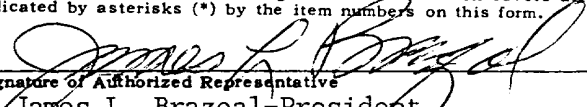
INCLINATION REPORT (One Copy Must Be Filed With Each Completion Report.)		6. RRC District
1. FIELD NAME (as per RRC Records or Wildcat) Buffalo (Yates)		7. RRC Lease Number. (Oil completions only)
2. LEASE NAME Cochise "2" State		8. Well Number 5
3. OPERATOR Mitchell Energy Corporation		9. RRC Identification Number (Gas completions only)
4. ADDRESS 400 W Illinois, Ste. 1000 Midland, TX 79701		10. County Lea
5. LOCATION (Section, Block, and Survey) 990' FNL & 2310' FWL of Sec. 2, T19S, R32E, Lea County, New Mexico		

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
229	229	1/2	.88	2.02	2.02
486	257	3/4	1.31	3.37	5.39
610	124	1	1.75	2.17	7.56
1098	488	3/4	1.31	6.39	13.95
1593	495	1 1/2	2.63	13.02	26.97
2091	498	1/4	.44	2.19	29.16
2588	497	2	3.50	17.40	46.56
2838	250	2	3.50	8.75	55.31
3117	279	2	3.50	9.77	65.08
3680	563	3/4	1.31	7.38	72.46

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no
18. Accumulative total displacement of well bore at total depth of 3680 feet = 72.46 feet.
- *19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? NO
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.  Signature of Authorized Representative James L. Brazeal-President Name of Person and Title (type or print) Brazeal, Inc.-d/b/a CapStar Drilling Name of Company Telephone: <u>214</u> <u>727-8367</u> Area Code	OPERATOR CERTIFICATION I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form. Signature of Authorized Representative Name of Person and Title (type or print) Operator Telephone: _____ Area Code
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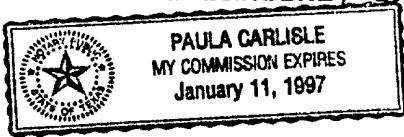
Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.

STATE OF TEXAS }
 }
COUNTY OF COLLIN }

The attached instrument was acknowledged before me on the
3rd day of Jan, 1993 by James L. Brazeal as
President of BRAZEAL, INC. d/b/a CapStar Drilling.



Paula Carlisle
Paula Carlisle - Notary Public

My commission expires:
January 11, 1997

RECEIVED

FEB 09 1993

OCD HOBBS OFFICE

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mitchell Energy Corporation		Well API No. 30-025-31671 ✓
Address 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:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cochise "2" State	Well No. 5	Pool Name, Including Formation Buffalo (Yates)	Kind of Lease <u>State</u> , Federal or Fee	Lease No. VB-0324
Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>19S</u> Range <u>32E</u> , 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) 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) 10 Desta Dr., Ste 627, Midland, TX 79705					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 2	Twp. 19S	Rge. 32E	Is gas actually connected? Yes	When? 1/23/93

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 1/6/93	Date Compl. Ready to Prod. 1/22/93		Total Depth 3680'		P.B.T.D. 3637'			
Elevations (DF, RKB, RT, GR, etc.) 3691' GR	Name of Producing Formation Yates		Top Oil/Gas Pay 3391'		Tubing Depth 3513'			
Performances 3391-99' (5 holes), 3439-59' (11 holes), 3469-75' (4 holes)					Depth Casing Shoe 3678'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		610'		300 sx Class "C"			
7 7/8"	4 1/2" 10.5#		3678'		890 sx Class "C"			

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 1/23/93	Date of Test 1/29/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 60 psi	Casing Pressure 60 psi	Choke Size -
Actual Prod. During Test 114 BO	Oil - Bbls. 114	Water - Bbls. 35	Gas - MCF 44

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

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.


Signature
Greg Colburn Staff Prod Engineer
Printed Name
1/29/93 (915) 682-5396
Date Telephone No.

OIL CONSERVATION DIVISION

FEB 10 1993

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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

FEB 04 1993

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