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	* -	Þ	State (	of Ne	w Mexico	-			Form C	-104 T
Submit 5 Copies Appropriate District Office		nerov. M				es Departm	<b>1 1 1 1</b>		Revised	1-1-89
DISTRICT I				• • • • • •						ructions
P.O. Box 1980, Hobbs, NM 88240	C	DIL CO	ONSER	VA	TION I	DIVISIO	N			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210				). Bo	ox 2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQU					AUTHORI	ZATION			
I.						TURAL G				
Operator							Well	APINO.	10	
Mitchell Energy C	orporat	ion					30-	-025-305	10	
Address	e Woodla	ande	TX 7738	87-4	000					
P.O. Box 4000 The Reason(s) for Filing (Check proper box)	e woodi	anus,	IA //JC			et (Please expl	zin)			
New Well	1	Change in ]	Transporter of	<u> </u>	لنيبا	•	•			
Recompletion X	Oil		Dry Gas							
Change in Operator	Casinghead		Condensate							
If change of operator give name and address of previous operator	, C	DESIGNAT	E HAS BEE		ACED IN T	HE POOL		Can	cel E +	Lemi B. A
	1.		HIS OFFICE			T CONCON				•
II. DESCRIPTION OF WELL			Pool Name, Is	cludi	ng Formation	R-91	15 Kind	of Lease	L	Lise No.
Sapphire Federal Ur		1	E. G		(Delawa:	~~ \ ·	19 State	Federal or Fe	• NM63	763
Location		·····				,				
Unit Letter J	:1650	)	Feet From Th	e	East Lin	• and16!	50 Fo	et From The	South	Line
Section 23 Township	<b>1</b> 95		Range 3	3E	,N	мрм,	Lea	1		County
III. DESIGNATION OF TRAN	SPORTER	R OF OI	L AND NA	TU	RAL GAS					
Name of Authorized Transporter of Oil		or Condens		<u> </u>	Address (Gin	e address to w	ick approved	copy of this f	orm is to be se	<b>nt)</b> 0629
Texaco Trading & Tran						Box 60628			79711-	
Name of Authorized Transporter of Casing	phead Gas	$\mathbf{X}$	or Dry Gas			ne address to wi				
Conoco, Inc. If well produces oil or liquids,	Unit	Sec.		Pee		ta Dr. E y connected?	When			<u>x 19105</u>
give location of tanks.		23	195 33	Rge. E	Yes acting	es	1 4466	8-8-	91	
If this production is commingled with that f	from any othe	s lansa or o								
	·····, ····	rieus or p	ool, give com	mingli	ing order num	ber:	<u></u>			,
IV. COMPLETION DATA		Oil Well	Gas We			Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
IV. COMPLETION DATA Designate Type of Completion	- (X)	Oil Well X	Gas We		New Well		Deepen	LX	Same Res'v	Diff Res'v X
IV. COMPLETION DATA Designate Type of Completion - Dats Spudded		Oil Well X	Gas We				Deepen		Same Res'v 200 '	Diff Res'v X
IV. COMPLETION DATA Designate Type of Completion	- (X) Date Compl	Oil Well X Ready to -91	Gas Wo		New Well Total Depth Top Oil/Gas	Workover 13,600' Pay	Deepen	<b>P.B.T.D.</b> 9	1 200 <b>'</b>	Diff Res'v
IV. COMPLETION DATA Designate Type of Completion • Date Spudded (2 • 3(- 8 8) Elevations (DF, RKB, RT, GR, etc.) 3639' GR	- (X) Date Compl 6-29- Name of Pro	Oil Well X Ready to -91	Gas Wo		New Well Total Depth Top Oil/Gas	Workover 13,600'	Deepen	X       P.B.T.D.       9       Tubing Dep       7121	200' \$	Diff Res'v X
IV. COMPLETION DATA Designate Type of Completion - Date Spudded  2.3(-88 Elevations (DF, RKB, RT, GR, etc.) 3639' GR Before liner	- (X) Date Compl 6-29- Name of Pro Dela	Oil Well X Ready to -91	Gas Wo		New Well Total Depth Top Oil/Gas	Workover 13,600' Pay	Deepen	P.B.T.D. 9 Tubing Dep	200' \$	Diff Res'v X
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Date

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.

Telephone No.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

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