

District I
PO Box 1990, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

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

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Mitchell Energy Corporation P.O. Box 4000 The Woodlands, Texas 77387-4000		OGRID Number 015025
Reason for Filing Code Order DHC-1665 Downhole Commingling		
API Number 30 - 025 30645	Pool Name Gem (Bone Spring)	Pool Code 27220
Property Code 007987	Property Name Geronimo Federal	Well Number 1

II. Surface Location

UL or lot no. D	Section 31	Township 19S	Range 33E	Lot Idn	Feet from the 660	North/South Line North	Feet from the 660	East/West line West	County Lea
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lea Code E	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
022628	Texas-New Mexico Pipeline Co. P.O. Box 2528 Hobbs, New Mexico 88240	1935010	O	
005097	Conoco, Inc. 10 Desta Drive, Suite 627 Midland, Texas 79705	1935030	G	

IV. Produced Water

POD 1935050	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date 10-15-97	TD 10,564	PBTD 10,491	Perforations 9,254'-10,002'
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil 10-16-97	Gas Delivery Date 10-16-97	Test Date 10-17-97	Test Length 24	Tbg. Pressure 200	Csg. Pressure 12
Choke Size Open	Oil 51 77 (X66%)	Water 144	Gas 24 36 (X66%)	AOF	Test Method Pumping

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 knowledge and belief.

Signature: *George Mullen*

Printed name: George Mullen

Title: Regulatory Affairs Specialist

Date: 11-18-97

Phone: (713)377-5855

OIL CONSERVATION DIVISION

Approved by:

APPROVED BY
JERRY WINK

Title:

Approval Date:

MAR 02 1998

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

dp

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all oil volumes at 15.025 PSIA at 60°.

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 filled for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

Operator's name and address
be assigned and filled in by the District office.
Reason for filling code from the following table:

RT
CG
AG
CO
AO
CH
RC
NW
New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (include volume and time 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

10. 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.

11. The bottom hole location of this completion

12. Lease code from the following table:

F
S
P
J
U
I
Federal
State
Fee
Licenses
Navajo
Ute Mountain Ute
Other Indian Tribe

13. The producing method code from the following table:

P
F
Flowing
Pumping or other artificial lift

14. MO/DA/YR that this completion was first connected to a gas transporter

15. The permit number from the District approved C-129 for this completion

16. MO/DA/YR of the C-129 approval for this completion

17. MO/DA/YR of the expiration of C-129 approval for this completion

18. The gas or oil transporter's OGRID number

19. Name and address of the transporter of the product

20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well office will assign a number and write it here.

21. Product code from the following table:

G
O
Oil
Gas

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.)

23. 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.

24. 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.)

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

29. Top and bottom perforation in this completion or casing shoe and TD if openhole

30. Inside diameter of the well bore

31. Outside diameter of the casing and tubing

32. Depth of casing and tubing. If a casing liner show top and bottom.

33. Number of sacks of cement used per casing string

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

38. Shut-in tubing pressure - oil wells

39. Shut-in casing pressure - oil wells

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

43. 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:

F
S
P
Flowing
Swabbing
Pumping
If other method please write it in.

46. 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

47. 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