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

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

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

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

T	HEQ				BLE AND								
I.		TOTRA	NSF	ORT OI	L AND NA	TURA	L G/		A DE ST.				
Operator						API No.							
Mitchell Energy Cor			174										
Address													
P. 0. Box 4000, The	Woodla	inds, T	<u> </u>	<u>7387-40</u>									
Reason(s) for Filing (Check proper box)			_	_	Oth	et (Please	e explo	un) omoost ta	flara casi	nghead g	es from		
New Well X	0"	Change in				thic	menationer	lare casinghead gas from street be obtained from the					
Recompletion \Box	Oil		Dry C							GEMENT (B			
Change in Operator	Casinghe	20 Gas	·	ensate	· OCCN DIA	CCD (N	TAIL	BOOL					
If change of operator give name and address of previous operator					BEEN PLA					. ===			
II. DESCRIPTION OF WELL	ANDLE	A CE		FY THIS O	FFIOF						• • • • • • • • • • • • • • • • • • • •		
Lease Name	Well No. Pool Name, Includ			K 9277 711/9/				of Lease No.					
•	3 Tonto. S		Seven South (Yates Rivers)			n State	Federal or Fe	1	NM-67111				
Geronimo Federal Location		1 3	1 1	onto, s	OULII (18	Les -	IIVC.	27		NH- U	7111		
_		660	_	N	lorth -		585			West			
Unit LetterD	:	000	Feet F	From The	orth Lin	e and	303	F	eet From The	- Mesc	Line		
Section 31 Township 19S Range				e 33E	BE , NMPM,				Lea County				
beenda J1 rowner	<u>,p</u>		Kange	, <u>JJE</u>		ATT 1AT					County		
III. DESIGNATION OF TRAN	ISPORTI	ER OF O	IL AN	ND NATU	RAL GAS								
Name of Authorized Transporter of Oil		or Conder				e address	to wh	ich approved	copy of this	form is to be s	ent)		
Texaco Trading & Tran		tion.	Inc.	لسسا	P. O. Box 60628, Midland, TX 79711-0628								
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)												
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.		Is gas actually connected?			When	When?				
give location of tanks.	l D	31	199	S 33E	N	0							
If this production is commingled with that	from any of	her lease or	pool, g	ive comming	ling order num	ber:							
IV. COMPLETION DATA													
Designate Type of Completion	(V)	Oil Well	. [Gas Well	New Well	Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	ـِـلـِـ		X	<u> </u>			<u> </u>	<u></u>			
Date Spudded	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.	P.B.T.D.			
3/7/91	3/30/91				3	250'				3174'			
Elevations (DF, RKB, RT, GR, etc.)						Top Oil/Gas Pay				Tubing Depth			
3573 GR Perforations	2973'				2951'								
	70 701 2000 21011				Depth Casing Shoe								
2973-78', 84-88', 92-						3250'							
UO 5 0175	TUBING, CASING AND									CACKO OFMENT			
HOLE SIZE 12 1/2"	CASING & TUBING SIZE				DEPTH SET 525				 	SACKS CEMENT 310			
7 7/8"	 	8 5/8" 4 1/2"				3250				1105			
1 // 6	 	4	1/2	14.14		3230			1103				
	 								-				
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE		İ				<u></u>				
					be eaual to or	exceed to	o allo	wable for th	is depth or be	for full 24 hou	ors.)		
DIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)							
3/30/91	4/1/91				Sucker rod pump								
Length of Test	Tubing Pressure				Casing Press		<u> </u>		Choke Size	;			
24 hours	-				-				-				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	Water - Bbls.							
	48				25					TSTM			
GAS WELL													
Actual Prod. Test - MCF/D	Length of	Test		· · · · · · · · · · · · · · · · · · ·	Bbls. Conden	sate/MM(CF		Gravity of	Condensate			
Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size	Choke Size			
/I. OPERATOR CERTIFIC	ATE OF	COM	TTAB	NCE	1				<u> </u>	<u> </u>	 		
				NCE	(DIL C	ON	SERV	ATION	DIVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION APR 1 6 1991							
is true and complete to the best of my knowledge and belief.						Date Approved							
$()$ 0 ∞	P					Appro	OVE(ــــــ د		· 			
James & Hour						ķ . :	:	ه و في ځان انه و في ځان	48 6° =				
Signature						By Seedie W. Seay							
James S. Blount Engineer						OH & Contingue chos							
Printed Name		15) (0	Title	0.0	Title						·		
4/4/91 Data	(9	15) 68											
Date		Tele	phone ?	. O.	11								

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.

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