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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

0		<u> 10 IRA</u>	NSP	JHI O	L AND N	ATURA	L G/	45						
Operator Mitchell Francy C	V				Well API No.									
Mitchell Energy C						30-025-31315								
Post Office Box 400	0, The I	Woodla	nds,	ТX	77387-4	000								
Reason(s) for Filing (Check proper box)					C	ther (Pleas	e expl	ain)						
New Well	0"	Change in												
Change in Operator	Oil Casinghead		Dry Ga Conden											
If change of operator give name	Casingread	d Gas	Conoen	sale										
and address of previous operator														
II. DESCRIPTION OF WELL	AND LEA	ASE												
Lease Name Well No. Pool Name, Inclu Geronimo Federal 4 Gem (B						-				ind of Lease Lease 1 tate, Federal of Fee				
Location		4	1 6	em (Be	one Spr	ing)			2,, (4,2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	-	NM 6	57111		
Unit Letter F	. 19	980	Fact En	om The	north L		19	980	E E 774	_ W	est	•.		
			. rea m		L	ine and			Feet From The	e	CSC	Li1	ne	
Section 31 Townsh	ip 19S		Range	33E	,1	NMPM,		Lea	 -			County		
III. DESIGNATION OF TRAN	SPORTE	R OF OI	II. ANI) NATT	IDAT GAS	2								
Name of Authorized Transporter of Oil		or Condens					to wh	ich approv	ed copy of this	form is	to be ser	nt)		
Texas-New México Pipe Line Company	P. O. Box 2528, Hobbs, NM 88240													
Name of Authorized Transporter of Casin Conoco Inc.	Gas				d copy of this form is to be sent)									
If well produces oil or liquids,	Unit	Sec.	Twp.	Roe	10 Desta Dr., Sui			Suite Wh		dlan	d, TX	7970	05	
give location of tanks.	D	31	195	33E	No)	жи:		:u :					
If this production is commingled with that	from any othe	r lease or p	ool, give	comming	ling order nur	nber:								
IV. COMPLETION DATA		louw n								_,				
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Worko	ver	Deepen	Plug Back	Same	Res'v	Diff Res'v	7	
Date Spudded	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.			1		
Elementers (DE DVD DC CD														
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth					
Perforations					l			Depth Casi	Depth Casing Shoe					
					CEMENTING RECORD									
HOLE SIZE	CASI	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
								· · · · · · · · · · · · · · · · · · ·						
													\neg	
V. TEST DATA AND REQUES OIL WELL (Test must be after re					_									
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)													
	Tank Date of Test					Troubing tributor (1 tow, party, gas 191, tat.)								
ength of Test	Tubing Press	ure			Casing Press	ure			Choke Size	;			\dashv	
Letual Bood During Tree	ual Prod. During Tes: Gil - Rhis													
Lai Prod. During 1es: Cil - Bbls.					Water - Bbis.				Gas- MCF	Gas- MCF				
GAS WELL								-						
actual Prod. Test - MCF/D	Length of Ter	st			Bbls. Conder	sate/MMC	' E		Gravity of	Conden	2010		 -1	
	Dois conductivities				Clavity of	of concensus								
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size	:		· · · · · · · · · · · · · · · · · · ·	ᅦ	
														
I. OPERATOR CERTIFICA				Œ			\ \	SEDV	ATION	DIV		A 1		
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 JUL 07 92									
is true and complete to the best of my knowledge and belief.						[1]								
Dear 200.00						Date Approved								
Signature						ORIGINAL SIGNED BY JERRY SEXTON By BISTRIGT I SUPERVISOR								
Signature George Mullen, Regula	atorv Af	fairs	Spec	ialie			<u> </u>	<u> </u>			~ 45			
Printed Name 7/1/92		T	îtle		Title									
7/1/92 Date	713		-5855			· · · · · ·		·····						

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.

- 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.