Submit 5 Copies
Appropriate District Office
DISTRICT 1
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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSPOR	RT OIL	AND NA	TURAL G	AS				
Operator								Well API No.			
Mitchell Energy Corporation								30-025-31376			
Address Post Office Box 400	00 The	∍ Wood]	ande	ТX	77307_	1000					
Reason(s) for Filing (Check proper box)		- 110001	ands,		77387-4	her (Please exp	olain)				
New Well			Transporte	r of:		(7				
Recompletion	Oil		Dry Gas								
Change in Operator If change of operator give name	Casinghea	d Gas	Condensat	£							
and address of previous operator		···.								·	
II. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name	Well No. Pool Name, Include				ling Formation Kind			of Lease	of Lease No.		
Geronimo Federal	6 Geronimo				o (Delaware) State,			, Federal or Fe	e NM	67111	
Location Unit LetterE	_:172	25	Feet From	The no	orth Li	ne and660) ·1	Feet From The	west	Line	
Section 31 Townshi	p1	.9s	Range	33E	, N	ІМРМ,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	L AND I	NATII	RAL GAS						
Name of Authorized Transporter of Oil Texas-New Mexico Pipe Line Company	X	or Conden	sale			ve address to w	hich approve	d copy of this fo	orm is to be se	ent)	
						F. O. Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas						Address (Give address to which approved copy of this form is to be sent)					
Conoco, Inc. If well produces oil or liquids, Unit Sec. Two. Rec.					10 Desta Dr., Suite 627, Midland, TX Is gas actually connected? When?					79705	
give location of tanks.	Unit	Sec. 31	Twp. 19S	Rge. 33E	is gas actual ye	•	Whe	n? 12/4.	/01		
f this production is commingled with that IV. COMPLETION DATA	from any othe	er lease or p						12/4	/ 91		
Designate Type of Completion	- (X)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug I ack	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing I				pth.		
Perforations					Depth Casir				g Shoe		
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			S	SACKS CEMENT		
			·								
'. TEST DATA AND REQUES OIL WELL (Test must be after re				nd must	be equal to or	exceed ton all	ountle for th	is denth or he f	or full 24 hour)	
WELL (Test must be after recovery of total volume of load oil and must First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF			
GAS WELL						· · · · · · · · · · · · · · · · · · ·					
Actual Prod. Test - MCF/D	Length of Te	est			Bbls. Conden	sate/MMCF		Gravity of Co	ondensate		
					Dois: Conden			Olavily of Co			
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choka Size	Choke Size		
I. OPERATOR CERTIFICA	ATE OF	COMPI	LANCE	3							
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DOMESTON						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JUL 0 7 '92						
λ	7. 44				Date	Approve	d		-		
Signature Deorge Mullen					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR						
George Mullen, Regul	atory A			alis			13) W		•		
Printed Name 7/1/92			Tille 77–585	5	Title.						
Date			none No.	<u> </u>							

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.