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

State of New Mexico .nergy, Minerals and Natural Resources Depart.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	•	TO TRAN	NSPORT OF	L AND NA	TURAL GA	AS				
Operator									/	
Mitchell Energy Corporation							30-025	5-31391	<u> </u>	
P.O. Box 400	ነበ ሞክል	Woodlar	nde my 7	7387-400	n					
Reason(s) for Filing (Check proper box)	o, me	WOOdiai	Ido, IA /		er (Please expl	zin)				
New Well		Change in T	Transporter of:			,				
Recompletion	Oil	X 1	Dry Gas							
Change in Operator	Casinghea	d Gas 🔲 (Condensate							
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	ANDIE	CE								
Lease Name Well No. Pool Name, Includi					ng Formation Kir			of Lease No.		
								Federal or Fee NM 67111		
Location Unit LetterE	_ :]	.980 j	Feet From The _	north Lin	e and	585 _F	et From The _	west	Line	
Section 31 Townshi	p 19	es j	Range 33	E , N	МРМ,		Lea		County	
III DESIGNATION OF TRAN	CDANTE			TD 4 T G 4 G						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condens			e address to wi	ich appenue	com of this for	is to be sent		
Texas-New Mexico Pipe Line Company					Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
Conoco, Inc.				10 Des	ta Drive			lland, TX	79705	
If well produces oil or liquids, give location of tanks.	Unit		Iwp. Rge.	1	•	When				
If this production is commingled with that	D D	31	19S 33E	!	es		3-2	27-93		
IV. COMPLETION DATA	mom any our	Oil Well	Gas Well			T D	Diver Death			
Designate Type of Completion	- (X)	I Men	Gar well	New Well	Workover	Deepen	Plug Back	Same Res'v L	hiff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fon	mation	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe			
				CEMENTI	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			S	SACKS CEMENT		
	 			 						
	 									
V. TEST DATA AND REQUES										
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Tes		load oil and musi					r full 24 hours.)		
Date First New Oil Run 10 12nk	Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>			1					-	
Actual Prod. Test - MCF/D	Length of T	est		Bbis. Conden	sale/MMCF		Gravity of Co	ndensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressu	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC.						0501	• TION 5	W 4010 N		
I hereby certify that the rules and regulations of the Oil Conservation				11 6	OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										
1				Date	Approved	t				
_ Glory	Mulle	ـــــ		_	i na programme i face de los see		in de de la compansión de	7716		
Signature George Mullen Reg. Affairs Specialist				By ORIGINAL SIGNAL STREET SEXTOR SETENCT I SUPERVISOR						
Printed Name			ide	Title						
4-28-93 Date			377-5855 one No.							

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.