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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Mitchell Energy Corporation		Well API No. 30-025-32133
Address P. O. Box 4000, The Woodlands, TX 77387-4000		
Reason(s) for Filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	<input type="checkbox"/> Other (Please explain)
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE				THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.	
Lease Name Geronimo Federal	Well No. 9	Pool Name, Including Formation Geronimo (Delaware)	Kind of Lease State (Federal) or Fee	Lease No. NM-67111	
Location					
Unit Letter <u>L</u> : <u>2275</u> Feet From The <u>South</u> Line and <u>960</u> Feet From The <u>West</u> Line					
Section <u>31</u> Township <u>19S</u> Range <u>33E</u> , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil Texas-New Mexico Pipeline <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88241-2528		
Name of Authorized Transporter of Casinghead Gas Conoco <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent) 10 Desta Dr., Suite 627, Midland, TX 79705		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 31	Twp. 19S	Rge. 33E	Is gas actually connected? Yes
If this production is commingled with that from any other lease or pool, give commingling order number:					When? 10/10/93

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8/21/93	Date Compl. Ready to Prod. 10/7/93		Total Depth 7965'			P.B.T.D. 7879'			
Elevations (DF, RKB, RT, GR, etc.) 3571' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7591'			Tubing Depth 7770'			
Perforations 7591-7600' & 7727-7742'						Depth Casing Shoe 7965'			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13 3/8"		DEPTH SET 505'		SACKS CEMENT 525				
12 1/4"	8 5/8"		4205'		1950				
7 7/8"	5 1/2"		7965'		1000				
	2 7/8"		7770'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 10/8/93	Date of Test 10/11/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size --
Actual Prod. During Test	Oil - Bbls. 89	Water - Bbls. 225	Gas - MCF 63

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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 James Blount  
James Blount  
Printed Name  
10/12/93  
Date  
Engineer  
Title  
(915) 682-5396  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved OCT 18 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 with Rule 111.

- 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.