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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

RECEIVED BY

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NOV 13 1986

O. C. D.

ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Myco Industries, Inc.

Address 207 South Fourth Street, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☐ Designate ☒ Existing in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Myco B-B State	8	Grayburg Jackson SR-Q-G-SA	State, Federal or Fee State	B-4458

Location

Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West

Line of Section 36 Township 17 South Range 29 East , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Box 175, Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	4001 Penbrook, Odessa, Texas 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	36	17S	29E	yes	11-12-86

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Port ID-3
			11-21-86
			Add GT:PP

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 Tanks	Date of Test	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

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

William M. ...
(Signature)
ENGINEER
(Title)
11-12-86
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 14 1986, 19

BY Les A. Clements
Original Signed By
Supervisor District 11

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply