STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
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Page 1

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ARTESIA, OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

MYCO INDUSTRIES, INC. ✓

Address

207 S. 4th STREET ARTESIA, NM 88210

Reason(s) for filing (Check proper box)

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

If change of ownership give name and address of previous owner (NOTE: This is the 2nd well in this Pool on this 40-Acres/MYCO Basset & Birney State #8

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
MYCO "BBFO" STATE	1	~~Salt~~/GB/JACKSON/~~SA~~ SR-Q-G-SA	State, Federal or Fee STATE	B-4558

Location

Unit Letter D : 330 Feet From The NORTH Line and 330 Feet From The WEST

Line of Section 36 Township 17S Range 29E NMPM EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate

NAVAJO REFINING CO. (Pipeline Division)

Address (Give address to which approved copy of this form is to be sent)

Drawer 159 Artesia, NM 88210

Post ED-2 1-3-86 Compl BK

Name of Authorized Transporter of Casinghead Gas or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.

Unit D Sec. 36 Twp. 17S Rge. 29E

Is gas actually connected? when.

NO-NOT COMMERCIAL AT 3-MCFD (X)

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

NOTE: Complete Parts II and III on reverse side if necessary.

IV. 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.

A.N. Muncy
(Signature)
MYCO ENGINEER
(Title)
11-30-85
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 30 1985, 19

BY Original Signed By
Les A. Clements

TITLE ~~Supervisor District II~~

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 completed wells.

COMPLETION DATA

Designate Type of Completion – (X)	Oil well: XX	Gas Well	New Well: XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-12-85	11-18-85	3475' KB	~~3282'~~ KB

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
GL 3575'	Slaughter/San Andres	3110'	3255'

Perforations 22-0.41" Holes from 3110-3251' As Follows: 3110,12,14,22,23,30,31,38,39,60,62,64,3216,17,24,26,27,29,30,48,49,51

Depth Casing Shoe: 3473'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-¼"	24# 8-5/8"	427'	500-Sxs CIRCULATED 25-SX
7-7/8"	17# 5½"	3471'	1100-Sxs CIRCULATED 50-SX
2-7/8" J-55 Tbg. Set @ 3255'			

TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
11-18-85	11-30-85	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24-Hrs	-	-	-
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
23-BBLS	15-OIL	8-LOAD WATER	3-MCFD

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**