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State of New Mexico
Energy, Minerals and Natural Resources Department

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

Submit 5 Copies
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

AUG 15 '90 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator MYCO INDUSTRIES, INC.	Well API No. 30-015-26401
Address 207 SOUTH 4th. ARTESIA, NM. 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name SAND DUNE STATE	Well No. 5	Pool Name, including Formation TURKEY TRACK SR-Q-G-SA	Kind of Lease State, Federal or Fee-	Lease No. B-9739-19
Location				
Unit Letter N	: 990'	Feet From The SOUTH	Line and 1980'	Feet From The EAST WEST
Section 11	Township 19s	Range 29e	NMPM, EDDY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil KOCH OIL CO.	<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 3609, MIDLAND TX. 79702				
Name of Authorized Transporter of Casinghead Gas PHILLIPS PETROLEUM CO.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK STREET, ODESSA TX 79761				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 11	Twp. 19s	Rge. 29e	Is gas actually connected? YES	When? 8/02/90

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7/16/90	Date Compl. Ready to Prod. 7/27/90	Total Depth 2640'			P.B.T.D. 2576'			
Elevations (DF, RKB, RT, GR, etc.) 3375' GR. 3383' KB	Name of Producing Formation QUEEN	Top Oil/Gas Pay 2337'			Tubing Depth 2306'			
Perforations 2337', 2338', 2342', 2343', 2344', 2360', 2361', 2362', 2363', 2364', 2365', 2373'							Depth Casing Shoe 2637'	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		350'		250 SX + 15 YDS R-MIX			
7 7/8"	5 1/2"		2637'		675 SX CIRCULATED			
	2 3/8"		2306'		Part FD-2 8-24-90 comp & BK			

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 8/2/90	Date of Test 8/14/90	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 81 BBLs	Oil - Bbls. 36	Water - Bbls. 45	Gas- MCF 7

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.

W.A. Gressett
Signature
W.A. GRESSETT CONSULTANT
Printed Name
8/15/90 Date
748-1471 Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 21 1990
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.