STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
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| TRANSPORTER | OIL |
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## OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

**Operator**

PITCO Production Company

**Address**

1790 One Williams Center, Tulsa, Oklahoma 74172

**Reason(s) for filing (Check proper box)**

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

Change in Transporter of:
- [ ] Oil
- [ ] Casinghead Gas
- [ ] Dry Gas
- [ ] Condensate

**Other (Please explain)**

If change of ownership give name and address of previous owner  MCO Resources (Integrated) Corp., formerly Integrated Energy, Inc.,
MCO Plaza, 5718 Westheimer, Houston, Texas 77057.

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Federal 29-22-6 | 1 | Rusty Chacra | State, Federal or Fee  Federal | NM-6676 |

**Location**

Unit Letter ___I___ : 1670 Feet From The ___South___ Line and ___1170___ Feet From The ___East___

Line of Section 29    Township 22N    Range 6W , NMPM,    Sandoval    County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil [ ] or Condensate [ ] | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| | |
| Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [XX]  Texaco Oils Inc. | Address (Give address to which approved copy of this form is to be sent)  P. O. Box 52332, Houston, Texas 77052 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected?  Yes | When  5-4-82 |
|---|---|---|---|---|---|---|

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

**NOTE:** *Complete Parts IV and V on reverse side if necessary.*

## VI. 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 is true and complete to the best of my knowledge and belief.

_Rick Couch_     (Signature)

Rick Couch

Landman     (Title)

March 25, 1986     (Date)

MAR 28 1986

OIL CON. DIV.
DIST. 3

### OIL CONSERVATION DIVISION

APPROVED _____ MAR 28 1986

BY _____

TITLE _____     SUPERVISOR DISTRICT # 3

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.

## IV. 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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## V. 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.) | |
|---|---|---|---|
| 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 |