

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-75
Format 06-01-83
Page 1

I.

Operator

PITCO Production Company

Address

1790 One Williams Center, Tulsa, Oklahoma 74172

Reason(s) for filing (Check proper box)

Other (Please explain)

☐ New Well	☐ Oil	☐ Condensate
☐ Recombination	☐ Coalhead Gas	☐ Dry Gas
☒ Change in Ownership		

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	Federal 28-22-6	Well No.	1	Pool Name, including Formation	Rusty Chactra	Kind of Lease	State, Federal or Fee	Federal	Lease No.	NM-7008
Location	Unit Letter D : 800 Feet From The North Line and 860 Feet From The West									
Line of Section	28	Township	22N	Range	6W	County		Sandoval		

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 Coalhead Gas	☐ or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Liquids	Unit	Sec.
Twp.	Rge.	Is gas actually connected?
When	Yes	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.

(Signature) Rick Couch

(Title) Landman

March 25, 1986

(Date)

MAR 28 1986

OIL CON. DIV.

DIST. 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowance 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 allowance 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.

TITLE

BY

APPROVED

OIL CONSERVATION DIVISION

MAR 28 1986

SUPERVISOR DISTRICT #8

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 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
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GAS WELL

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