

District I
 PO Box 1960, Hobbs, NM 88241-1960
 District II
 PO Drawer DD, Artesia, NM 88211-0719
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

Form C-104
 Revised February 10, 1994
 Instructions on back
 Submit to Appropriate District Office
 5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address MyCo Petroleum PO Box 1209 Lovington, NM 88260		OGRID Number 015451
		Reason for Filing Code CO 6-1-95
API Number 30 - 0 05-20733	Pool Name Chaveroo; San Andres	Pool Code 12049
Property Code 008255	Property Name Cushing 13	Well Number 001

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
H	13	08S	32E		1980	North	660	East	Chaves

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

Lee Code P	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
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III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
34019	Phillips 66 Company Box 5400 Bartlesville, OK 74005	2812254	0	2812254

IV. Product

POI

V. Well Co

Spud I

I

D ULSTR Location and Description

D	PSTD	Perforations
Depth Set		Sacks Cement

VI. Well T

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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.

Signature: *Tommy Williard*
 Printed name: Tommy Williard

Title: Owner/Operator
 Date: 6-1-95 Phone: 505-396-2179

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY JERRY SEXTON
 Title: DISTRICT I SUPERVISOR

Approval Date: JUN 16 1995

If this is a change of operator fill in the OGRID number and name of the previous operator-

Previous Operator Signature

Printed Name

Title

Date

RECEIVED

1963
U.S. DEPT. OF JUSTICE
OFFICE

RECEIVED

1963
U.S. DEPT. OF JUSTICE
OFFICE



LTR



Job separation sheet

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

State of New Mexico
Energy, Minerals and Natural Resources Dept.

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Myco Petroleum Company	Well API No. 50-005-20733
Address P.O. Box 1209, Lovington, New Mexico 88260	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Effective April 1, 1992	
If change of operator give name and address of previous operator High Plains Oil Company, P.O. Box 141, Tatum, New Mexico 88267	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cushing 13	Well No. 1	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line Section 13 Township 8 South Range 32 East , NMPM , Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading & Transportation Co.	Effective Date 1-53	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX. 77151-1188
Name of Authorized Transporter of Casinghead Gas NONE	or Dry Gas <input type="checkbox"/>	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 H Sec. 13 Twp. 8S Rge. 32E	Is gas actually connected? NO When ?

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 Tank	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 (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.

Tommy Willyard
Signature
Tommy Willyard Owner
Printed Name
May 8, 1992 Title
Date 505-396-2179
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 19 '92
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
Title _____

- 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.