

**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 <b>MYCO PETROLEUM Co.</b>		Well API No. <b>30-041-20215</b>
Address <b>Box 1209, Lovington, New Mexico 88260</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain) Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate		
If change of operator give name and address of previous operator <b>Black Resources, Inc. 1100 Mustang Trail, Granbury, Texas 76049</b>		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Shell-Cone-Partin</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Chavero San Andres</b>	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter <b>J</b> : <b>1980</b> Feet From The <b>PSL South</b> Line and <b>1980</b> Feet From The <b>PEL East</b> Line <b>EOTTS Energy Operating LP</b> Township <b>7S</b> Range <b>32E</b> , NMPM, <b>Roosevelt</b> County <b>Effective 4-1-94</b>				

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

Name of Authorized Transporter of Oil <b>Enron Oil Trading &amp; Transportation Corp.</b>	<input checked="" type="checkbox"/> or <input type="checkbox"/> Condensate	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1188, Houston, TX 77151-1188</b>
Name of Authorized Transporter of Casinghead Gas <b>None</b>	<input type="checkbox"/> 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 <b>2</b>   Sec. <b>35</b>   Twp. <b>7</b>   Rge. <b>32</b>	Is gas actually connected?   When ?

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> 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						
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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.

Signature *Tommy Williard*  
 Printed Name Tommy Williard  
 Date Sept 15, 1992  
 Title OWNER  
 Telephone No. 396-2179

**OIL CONSERVATION DIVISION**

**SEP 16 '92**

Date Approved \_\_\_\_\_  
 By ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I 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.