

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 Department

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

RECEIVED

Form C-104
Revised 1-1-85
See Instructions
at Bottom of Page

JUN 16 '94

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator MYCO INDUSTRIES, INC.		Well API No. 30-015-27862
Address P O BOX 840, ARTESIA, NM 88211-0840		
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		

Lease Name MYD FEDERAL		Well No. 1	Pool Name, Including Formation EAGLE CREEK STRAWN	Kind of Lease X Unit, Federal or F&A	Lease No. NM-0630
Location Unit Letter <u>Q</u> : <u>990</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>34</u> Township <u>17S</u> Range <u>24E</u> , NMPM, <u>EDDY</u> County					

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
TRANSWESTERN PIPELINE CO		P O BOX 1188, HOUSTON, TX 77001				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.	Rge.	Is gas actually connected?	When?
					YES	6/3/94
If this production is commingled with that from any other lease or pool, give commingling order number.						

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
			X	X					
Date Spudded 2/28/94	Date Compl. Ready to Prod. 6/3/94	Total Depth 8618' KB		P.B.T.D. 8200' KB					
Elevations (DF, RKB, RT, GR, etc.) 3522' GR	Name of Producing Formation STRAWN	Top Oil/Gas Pay 7610' TOP STRAWN		Tubing Depth 7759'					
Perforations 7850', 52', 56', 58' (2-SPF) 8 HOLES 7898' 7902' (2-SPF) 4 HOLES		Depth Casing Shoe 8618' KB							
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
26"	20"	40'							
17-1/2"	13-3/8"	405'		376-sxs (CIRCULATED)					
12-1/4"	8-5/8"	1167'		52E-sxs (1" SURF)					
7-7/8"	5-1/2"	8618'		2100-sxs (CIRCULATED)					

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.)	
		Test ID-2	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			2-19-94
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
			comp 4 12/4

GAS WELL			
Actual Prod. Test - MCF/D 255 MCF/D	Length of Test 24-HRS	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) BP	Tubing Pressure (Shut-in) 1700# SITP	Casing Pressure (Shut-in) 0	Choke Size 7/64

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 Hilda Moreno	ENGINEERING TECHNICIAN
Printed Name	Title
6/8/94	748-4258
Date	Telephone No.
CERTIFIED RETURN P 083 922 913	

OIL CONSERVATION DIVISION	
Date Approved JUN 29 1994	
By	SUPERVISOR, DISTRICT II
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.