

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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RECEIVED BY
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MYCO Industries, Inc.

Address
207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>3-19-85</u> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE A-7958 6/12/85

Lease Name <u>Roadrunner Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>South Lee Queen Grayburg</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC 062029</u>
Location <u>TURKEY TRACK - 7E/4N/GB/SA</u>				
Unit Letter <u>J</u>	<u>1980</u>	Feet From The <u>South</u> Line and <u>1980</u>	Feet From The <u>East</u>	
Line of Section <u>35</u>	Township <u>18S</u>	Range <u>29E</u>	NMPM, <u>Eddy</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 159, Artesia, NM 88210</u>					
Name of Authorized Transporter of Casinghead Gas <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 <u>J</u>	Sec. <u>35</u>	Twp. <u>18s</u>	Rge. <u>29e</u>	Is gas actually connected? <u>No</u>	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)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded <u>12-23-84</u>	Date Compl. Ready to Prod. <u>2-6-85</u>		Total Depth <u>4110'</u>		P.B.T.D. <u>2879'</u>			
Elevations (DE, RAB, RT, GR, etc.) <u>3412' GR</u>	Name of Producing Formation <u>Grayburg</u>		Top Oil/Gas Pay <u>2607'</u>		Tubing Depth <u>2577'</u>			
Perforations <u>2607-2850'</u>					Depth Casing Shoe <u>4109'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>26"</u>	<u>20"</u>	<u>40'</u>	
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>336'</u>	<u>455</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>4109'</u>	<u>800</u>
	<u>2-7/8"</u>	<u>2577'</u>	

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 <u>1-30-85</u>	Date of Test <u>2-6-85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>Open</u>
Actual Prod. During Test <u>229</u>	Oil - Bbls. <u>69</u>	Water - Bbls. <u>160</u>	Gas - MCF <u>40 (est)</u>

GOR 580/1

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. 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.

Leslie A. Clements
(Signature)
Production Supervisor
(Title)
2-8-85
(Date)

OIL CONSERVATION DIVISION
FEB 19 1985

APPROVED _____, 19____

BY _____
Original Signed By
Leslie A. Clements
Supervisor District II

TITLE _____

This form is to be filed in compliance with RULE 100.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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 multiple completed wells.