

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

JUN 21 1985

O. E. D.

ARTESIA, OFFICE

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.	
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

MYCO Industries, Inc. ✓

Address

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE

FLARED AFTER 7-25-85

UNLESS AN EXCEPTION FROM  
THE B. L. M. IS OBTAINED

If change of ownership give name  
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Well Name, Including Formation	Kind of Lease	Lease No.
Roadrunner Federal	2	Turkey Track So. Leo-7 Rivers-Q-G-SA	LC 062029 State, Federal or Fee Federal	
Location				
Unit Letter	F	2310	Feet From The	North
Line of Section	35	Township	18S	Range
			29E	NMPM,
			Eddy	County

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Co.	P.O. Box 159, Artesia, NM 88210					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	35	18s	29e	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

1. COMPLETION DATA

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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
3-24-85	6-19-85		3210'			2638'		
Elevations (DF, RKH, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3422' GR	Grayburg		2533'			2509'		
Perforations						Depth Casing Shoe		
2533-2588'						3210'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	338'	150
7-7/8"	5-1/2"	3210'	800
	2-7/8"	2509'	

1. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to GRIP to 20%  
able for this depth or be for full 24 hours) Camp 4 RR

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-17-85	6-19-85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
60	30	30	10

GOR 333.1

GAS WELL

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

1. 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.

*Juanita Goodlett*  
(Signature)

Production Supervisor

6-21-85

(Date)

OIL CONSERVATION DIVISION

JUN 25 1985

APPROVED

Original Signed By  
Les A. Clements

TITLE Supervisor District II

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 deviation  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-  
able 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 Form C-104 must be filed for each pool in multiple.