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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
RECEIVED BY  
AUG 29 1986  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED BY O. C. D. ARTESIA, OFFICE OCT 29 1986
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Operator  
MYCO Industries, Inc.

O. C. D.  
ARTESIA, OFFICE

Address  
207 S. 4th Street Artesia, NM 8821

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Name Transporter of:  
Oil ☐  
Casinghead Gas ☒  
Dry Gas ☐  
Condensate ☐

Other (Please explain)

Report gas connection & name  
purchaser

If change of ownership give name  
and address of previous owner

#### DESCRIPTION OF WELL AND LEASE

Lease Name Roadrunner Federal	Well No. 2	Pool Name, including Formation Turkey Track 7RVS-Qn-GB-SA	Kind of Lease LC 062029 State, Federal or Fee Federal	Lease No.
Location Unit Letter F; 2310 Feet From The North Line and 2310 Feet From The West Line of Section 35 Township 18S Range 29E, NMPM, Eddy County				

#### DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79762
If well produces oil or liquids, give location of tanks. Unit F Sec. 35 Twp. 18S Rge. 29E	Is gas actually connected? Yes When 8-25-86

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

#### 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					
			Post ID-3 11-7-86 Add GT: PP					

#### 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	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

#### CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*L.H. Mummy*  
Engineer (Signature)

8-25-86 (Title)

(Date)

#### OIL CONSERVATION COMMISSION

APPROVED OCT 30 1986, 19  
BY Original Signed By  
Mike Williams  
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

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 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.