

## OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501

JUL 19 1985

O. C. D. REQUEST FOR ALLOWABLE

ARTESIA OFFICE AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

I.

Operator 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
Recompletion <input type="checkbox"/>	FLARED AFTER <u>9-23-85</u>
Change in Ownership <input type="checkbox"/>	AN EXCEPTION FROM
IF change of ownership give name and address of previous owner	
NE B. L. M. IS OBTAINED	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Roadrunner Federal	Well No. 4	Pool Name, including Formation Turkey Track-7R-Qn-GB-SA	Kind of Lease State, Federal or Fee Federal	Lease No. LC 062069
Location Unit Letter <u>EE</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</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"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co.	PO 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
	L 35 18S 29E NO

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

## V. 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'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 4-21-85	Date Compl. Ready to Prod. 7-16-85	Total Depth 3282'	P.B.T.D. 3206'
Elevations (DF, RKB, RT, GR, etc.) 3438' GR	Name of Producing Formation Grayburg	Top Oil/Gas Pay 2548'	Tubing Depth 2464'
Perforations 2548-2757'	Depth Casing Shoe 3282'		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	297'	235
7-7/8"	5-1/2"	3282'	800
	2-7/8"	2464'	

## VI. 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 oil able for this depth or be for full 24 hours)

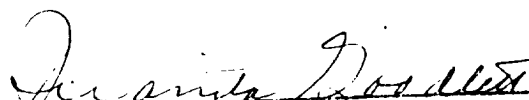
Date First New Oil Run To Tanks 7-3-85	Date of Test 7-16-85	Producing Method (Flow, pump, gas lift, etc.) Producing	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size Open
Actual Prod. During Test 98	Oil-Bbls. 42	Water-Bbls. 56	Gas-MCF 10

## GAS WELL

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

## VII. 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)  
Production Supervisor

7-18-85

(Date)

## OIL CONSERVATION DIVISION

JUL 23 1985

APPROVED

BY Original Signed By  
Mike Williams

TITLE Oil &amp; Gas Inspector

This form is to be filed in compliance with RULE 111.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Separate Form C-104 must be filed for each pool in multi-