Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

NOV - 6 1991

DISTRICT III 000 Rio Brazos Rd., Azzec, NM 87410	REQU	EST FO	R ALL	OWAB	LE AND	AUTHORI	ZATION	O. C. D.	ice			
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS												
perator								Well API No.				
MYCO INDUSTRIES, INC	:. V							30-015-2	6269			
207 SOUTH 4 th. STRE	EET, AF	RTESIA,	NM.	88	3210							
eason(s) for Filing (Check proper box)					Oth	et (Please expl	ain)					
ew Well	``	Change in T	ransporte	r of:								
ecompletion	Oil		Dry Gas									
Thange in Operator	Casinghead	l Gas 🔲 (Condensat	te 🗌								
change of operator give name ad address of previous operator												
L. DESCRIPTION OF WELL.	CRIPTION OF WELL AND LEASE Well No. Pool Name, Include					ng Formation Kind (f Lease No.			
EAST TURKEY TRACK FED.	1				Y			X, Federal OCE				
ocation	00.10		,,,,	0111 0	- 1 111(1 121(114						
Unit Letter K	: 1980	I	Feet From	The SOI	UTH Lin	e and198	30	Feet From The	WEST		Line	
Section 23 Township) 18s]	Range	29e	, N	MPM, EDI	ΟY				County	
II. DESIGNATION OF TRAN	SPORTE	R OF OII	L AND	NATU								
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
NAVAJO REFINING CO.	X		<u>. </u>		P. O. E	30X 159,	ARTESI	A, NM.	882	210		
Name of Authorized Transporter of Casing PHILLIPS PETROLEUM CO					E .	sed copy of this j	copy of this form is to be sent) SA, TX. 79761					
If well produces oil or liquids, pive location of tanks.	Unit Sec. Twp. Rge.					ly connected?	nen ? .0/9/91					
f this production is commingled with that V. COMPLETION DATA						iber:	_					
Designate Type of Completion	- (X)	Oil Well	Ga	s Well	New Well	Workover	Deeper	Plug Back	Same R	es'v t	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth	<u> </u>		P.B.T.D.				
2/8/90	9/15/91				11496	10695	10695'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas		Tubing Depth					
3481.4 GR UPPER PENN					9869 '	9720						
Perforations	1							Depth Casi	ng Shoe			
9869,76,84,98,9903,13					CEMENT	NG PECO	PD PD	1149	95 '	<u>-</u>		
LOLE SIZE	TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE				CLIVILIA		SACKS CEMENT					
				368.7'				770 Part ID- 2				
17 1/2" 11	13 3/8" 8 5/8"			3198'				1150 1/-22-9/				
7 7/8"	5 1/2"				11495'				2700 comp. Pa			
1 1/6	2 7/8"					9720'			700_	CFN	y is	
V. TEST DATA AND REQUE	ST FOR A			•	<u> </u>	7120	<u> </u>		• • • • • • • • • • • • • • • • • • • •			
OIL WELL (Test must be after t				l and musi	be equal to o	r exceed top al	llowable for	this depth or be	for full 2	4 hours.)	
Date First New Oil Run To Tank	Date of Te					Method (Flow, p						
9/17/91	10/21/91				FLOWI	-						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size			
24 Hrs	}	1200 #				ER	12,	12/64"				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF			
86	86				0			385				
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	sure (Shut-in)	Choke Size	Choke Size				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regular Division have been complied with and is true and complete to the best of my	lations of the I that the info	Oil Conservenation give	vation	CE		OIL CO		VATION NOV	DIVI 14		N	
Simalure	bren	2			∥ ∥ By_			IAL SIGNED	BY			
Signature Hilda Moreno Engineering Tech.					MIKE WILLIAMS							
Printed Name			Title		Title	Title SUPERVISOR, DISTRICT II						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

11/5/91

- 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.

748-1471

Telephone No.

- 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.