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Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088 **SEP -7 '89**

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>MYCO INDUSTRIES INC.</b>	Well API No. <b>30-015-22957</b>
Address <b>207 SOUTH 4TH, ARTESIA, NM 88210</b>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> CASINGHEAD GAS MUST NOT BE Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> FLARED AFTER <b>11/7/89</b> If change of operator give name and address of previous operator UNLESS AN EXCEPTION TO: <b>RULE 306 IS OBTAINED</b>	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>BBOC STATE</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>TURKEY TRACK SR-Q-G-SA</b>	Kind of Lease State, Federal or Fee	Lease No. <b>B-9739</b>
Location Unit Letter <b>G</b> : <b>1980</b> Feet From The <b>NORTH</b> Line and <b>1980</b> Feet From The <b>EAST</b> Line Section <b>11</b> Township <b>19s</b> Range <b>29e</b> , NMPM, <b>EDDY</b> 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"/> <b>NAVAJO REFINING CO</b>	Address (Give address to which approved copy of this form is to be sent) <b>P O BOX 159, ARTESIA, NM 88210</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>PHILLIPS PETROLEUM CO</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 PENBROOK ST, ODESSA, TX 79761</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>11</b>	Twp. <b>19s</b>	Rge. <b>29e</b>	Is gas actually connected?	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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>RE</b> <b>8-22-89</b>	Date Compl. Ready to Prod. <b>9-1-89</b>	Total Depth <b>11640</b>	P.B.T.D. <b>2420</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3374 GR.</b>	Name of Producing Formation <b>QUEEN</b>	Top Oil/Gas Pay <b>2261</b>	Tubing Depth <b>2265</b>					
Perforations <b>2261, 62, 69, 70, 71, 81, 82, 83, 2307, 08, 09, 13, 14</b>	TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe <b>11640</b>					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>17 1/2"</b>	<b>13 3/8"</b>	<b>311</b>	<b>500 SX</b>					
<b>11"</b>	<b>8 5/8"</b>	<b>2809</b>	<b>1700 SX</b>					
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>11640</b>	<b>1075 SX</b>					
	<b>2 3/8"</b>	<b>2265</b>						

**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 Tank <b>9-1-89</b>	Date of Test <b>9-7-89</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMPING</b>	
Length of Test <b>24 HRS</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <b>60</b>	Water - Bbls.	Gas- MCF <b>61</b>

**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. OPERATOR 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 W. A. Gressett  
Printed Name **W. A. GRESSETT** Title **CONSULTANT**  
Date **9-7-89** Telephone No. **748-1471**

**OIL CONSERVATION DIVISION**

Date Approved **SEP 11 1989**  
By ORIGINAL SIGNED BY  
**MIKE WILLIAMS**  
Title SUPERVISOR, DISTRICT II

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

- 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.
- 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.