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

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

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

NOV 13 '89

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE

Operator MYCO INDUSTRIES, INC	Well API No. 30-015-26183
Address 207 SOUTH 4TH, ARTESIA, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BBOC STATE	Well No. 2	Pool Name, including Formation TURKEY TRACK SR-Q-G-SA	Kind of Lease State, Federal or Private	Lease No. B-9739
Location Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 11 Township 19S Range 29E , NMPM , EDDY 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"/> NAVAJO REFINING CO	Address (Give address to which approved copy of this form is to be sent) P O BOX 159, ARTESIA, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM CO	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ST, ODESSA, TX 79761					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 11	Twp. 19	Rge. 29	Is gas actually connected? YES	When? 11/08/89

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/05/89	Date Compl. Ready to Prod. 11/03/89		Total Depth 2430		P.B.T.D. 2372			
Elevations (DF, RKB, RT, GR, etc.) 3374 GR 3382 KB	Name of Producing Formation QUEEN		Top Oil/Gas Pay 2222		Tubing Depth 2272			
Perforations 2222, 23, 31, 32, 36, 42, 44, 46, 52, 56, 67, 69, 75, 2322, 24, 28			Depth Casing Shoe 2430					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 5 1/2" 2 3/8"		DEPTH SET 375 2430 2300-2272		SACKS CEMENT 300SX Post ID-2 900SX 11-17-89 comp & BK			

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 11/07/89	Date of Test 11/08/89	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 63	Water - Bbls.	Gas- MCF 64

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.

W.A. Gressett
Signature
W.A. GRESSETT CONSULTANT
Printed Name
11/09/89 Title
746-1471
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 15 1989**

By **ORIGINAL SIGNED BY**
Title **SECRETARY OF ENERGY**

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.