Submit 5 Copies
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

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

JAN 16 '90

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
MYCO INDUSTRIES, INC. ✓	30-015-26234

Address
207 SOUTH 4TH, ARTESIA, NM 88210

Reason(s) for Filing (Check proper box)

New Well [X]   Change in Transporter of: [ ] Other (Please explain)
Recompletion [ ]   Oil [ ] Dry Gas [ ]
Change in Operator [ ]   Casinghead Gas [ ] Condensate [ ]

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
BBOC STATE	4	TURKEY TRACK SE-Q-G-SA	State, ~~Federal or Fee~~	B-9739

Location

Unit Letter ___F___ : ___2310___ Feet From The ___NORTH___ Line and ___990___ Feet From The ___WEST___ 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 [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
NAVAJO REFINING CO.	P.O. BOX 159, ARTESIA, NM 88210

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
PHILLIPS PETROLEUM CO.	4001 PENBROOK ST, ODESSA, TX 79761

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	G	11	19S	29E	YES	1/14/90

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12/22/89	1/11/90	2854'	2791'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay	Tubing Depth
3379.8 GR.	QUEEN	2238'	2188'

Perforations
2238,39,40,44,45,53,54,60,61,62,71,72'

Depth Casing Shoe
2854'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	357'	250SX + 8YDS REDI-MX
7 7/8"	5 1/2"	2854'	800SX
	2 3/8"	2188'	

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	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
1/14/90	1/14/90	PUMPING	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS			

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	68		68

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

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*
W.A. GRESSETT   CONSULTANT

Printed Name   Title
1/15/90   748-1471
Date   Telephone No.

OIL CONSERVATION DIVISION

Date Approved ___ **JAN 2 3 1990**

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 well.