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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

RECEIVED

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

JAN 16 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Q. C. D.
ARTESIA, OFFICE

Operator MYCO INDUSTRIES, INC.	Well API No. 30-015-26235
Address 207 SOUTH 4TH, ARTESIA, NM 88210	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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. 3	Pool Name, Including Formation TURKEY TRACK SR-O-G-SA	Kind of Lease State, Federal	Lease No. B-9739
Location Unit Letter D : 990 Feet From The NORTH Line and 990 Feet From The WFST 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. 19S	Rge. 29E	Is gas actually connected? YES	When? 1/11/90

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/16/89	Date Compl. Ready to Prod. 1/7/90		Total Depth 2520'		P.B.T.D. 2474'			
Elevations (DF, RKB, RT, GR, etc.) 3360.2 GR.	Name of Producing Formation QUEEN		Top Oil Gas Pay 2216'		Tubing Depth 2314'			
Perforations 2216-2353'					Depth Casing Shoe 2520'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 350'		SACKS CEMENT 250 SX Past ID-2			
7 7/8"	5 1/2"		2520'		700 SX 1-26-90			
	2 3/8"		2314'		comp + BIR			

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 1/11/90	Date of Test 1/13/90	Producing Method (I low, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 41	Water - Bbls.	Gas - MCF 41

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

OIL CONSERVATION DIVISION

Date Approved **JAN 23 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.