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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
Oil, 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

FEB 22 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator MYCO INDUSTRIES, INC.		Well API No. 30-015-26272
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 SAND DUNE STATE	Well No. 1	Pool Name, Including Formation TURKEY TRACK SR-Q-GB-SA	Kind of Lease State, Federal or Fee	Lease No. B-9739-19
Location Unit Letter K : 1980 Feet From The SOUTH Line and 1980 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> KOCH OIL CO	Address (Give address to which approved copy of this form is to be sent) P O BOX 3609, MIDLAND, TX 79702					
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 K	Sec. 11	Twp. 19s	Rge. 29e	Is gas actually connected? YES	When? 2/19/90

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1/23/90	Date Compl. Ready to Prod. 2/19/90		Total Depth 4865'		P.B.T.D. 2514'			
Elevations (DF, RKB, RT, GR, etc.) 3398.1 GR.	Name of Producing Formation QUEEN		Top Oil/Gas Pay 2310'		Tubing Depth 2360'			
Perforations 2310, 26, 27, 32, 34, 38, 39, 40, 50, & 54					Depth Casing Shoe 2559'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	11 3/4"		347'		250 SX			
7 7/8"	5 1/2"		2559'		2000 SX (CIRC)			
2 3/8		2360						

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 2/19/90	Date of Test 2/22/90	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 36	Oil - Bbls. 36	Water - Bbls. 0	Gas- MCF 32

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
NELSON MUNCY, PELS
Printed Name
2/22/90
Date
Title
748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 23 1990

By ORIGINAL SIGNED BY
MIKE WILKINS
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.