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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

DEC 3 '90

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

O. C. D.

ARTESIA, OFFICE

I.

Operator MYCO INDUSTRIES, INC.	Well API No. 30-015-26477
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. 7	Pool Name, Including Formation TURKEY TRACK SR-Q-G-SA	Kind of Lease State, Federal or Fee	Lease No. B-9739-19
Location Unit Letter M : 660 Feet From The SOUTH Line and 660 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 STREET, 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? 11/25/90

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 10/31/90	Date Compl. Ready to Prod. 11/14/90		Total Depth 2483		P.B.T.D. 2422			
Elevations (DF, RKB, RT, GR, etc.) 3372.6 GR. 3381 KB	Name of Producing Formation QUEEN		Top Oil/Gas Pay 2312		Tubing Depth 2220			
Perforations 2312, 16, 24, 25, 26, 30, 32, 33, 38, 51, 53, & 58					Depth Casing Shoe 2462			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		362		250 SX. CIRCULATED			
7 7/8"	5 1/2"		2462		650 SX. CIRCULATED			
	2 3/8"		2220		Post ID-2 12-14-90 comp + 18K			

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 11/25/90	Date of Test 11/30/90	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 80 BBLs	Oil - Bbls. 48	Water - Bbls. 32 L W	Gas - MCF 25

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 12/03/90 Telephone No. 748-1471

OIL CONSERVATION DIVISION

Date Approved NOV 12 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 pool in multiply completed wells.