STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

RECEIVED BY
OIL CONSERVATION DIVISION
JAN [illegible]
O. C. D.
ARTESIA, OFFICE

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL / GAS	
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
MYCO Industries, Inc. ✓

Address
207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)
New Well [ ]
Recompletion [X]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
CHANGE WELL NAME:
From: Hole in the Ground Fed. #2
To: Big Eddy Unit #105

If change of ownership give name and address of previous owner

CASINGHEAD GAS MUST NOT BE [illegible] AFTER 2-18-85 WITHOUT AN EXCEPTION FROM [illegible] IS OBTAINED

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Big Eddy Unit	105	~~Undes.~~ Delaware	State, Federal or Fee Federal	LC 060613

Location
Unit Letter H : 2310 Feet From The North Line and 990 Feet From The East

Line of Section 10 Township 22S Range 28E NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX 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 [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	10	22s	28e	No	

Post ID-3 1-11-85 chg well name

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well: X	Gas Well	New Well: X	Workover	Deepen	Plug Back	Same Reserv.	Diff. Res.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
RECOMPLETION 12-6-84	12-23-84	6135'	5770'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3136' GR	Delaware	3631'	5301'
Perforations			Depth Casing Shoe
3631-3862'; 5548-5608'			6129'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	371'	200
7-7/8"	5-1/2"	6129'	750
	2-7/8"	5301'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
12-17-84	12-23-84	Pumping
Length of Test	Tubing Pressure	Casing Pressure
24 hrs	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
	102	200

Choke Size: Open
Gas-MCF: 75 (est)

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

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.

Jacquita Bradley
Production Supervisor

1-7-85

OIL CONSERVATION DIVISION

APPROVED JAN 18 1985, 19

BY Original Signed By
Leslie A. Clements
Supervisor, District II

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, it must be accompanied by a tabulation of the deviation tests taken in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.