

OIL CONSERVATION DIVISION

P. O. BOX 2000

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR
MYCO Industries, Inc.

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Casinghead Gas MUST NOT BE PRODUCED AFTER <u>6-1-85</u> UNLESS AN EXCEPTION FROM THE B.L.M. IS OBTAINED
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Big Eddy Unit	Well No. 107	Pool Name, including Formation East Indian Draw Delaware	Kind of Lease State, Federal or Fee LC 060613 Federal	Lease No.
Location Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1500</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>22S</u> Range <u>28E</u> , NMPM <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) PO 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 A	Sec. 10	Twp. 22s	Rge. 28e	Is gas actually connected? No	When

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't. ☐	Diff. Res't. ☐
Date Spudded 1-26-85	Date Compl. Ready to Prod. 4-18-85		Total Depth 6110'		P.B.T.D. 5921'			
Elevations (DF, RHH, RT, GR, etc.) 3130' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 3655'		Tubing Depth 3625'			
Perforations 3655-3864½'; 5879-5903'					Depth Casing Shoe 6110'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		347'		200			
7-7/8"	5-1/2"		6110'		900			
	2-7/8"		3625'					

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 Tanks 3-15-85	Date of Test 4-18-85	Producing Method (Flow, pump, gas lift, etc.) Pumping		Test ID-2 6-3-85 Comp & BK
Length of Test 24 hrs	Tubing Pressure 25#	Casing Pressure 25#	Choke Size Open	
Actual Prod. During Test 415	Oil-Bbls. 65	Water-Bbls. 350	Gas-MCF 90 (est)	

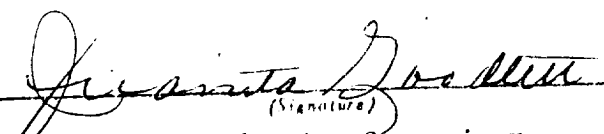
See 1395.1

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.


Production Supervisor
(Date)
4-25-85
(Date)

OIL CONSERVATION DIVISION

APR 29 1985

APPROVED _____, 19____
BY _____ Original Signed By
Les A. Clements
TITLE _____ Supervisor District II

This form is to be filed in compliance with RULE 110.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated tests taken on the well 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 Form C-104 must be filed for each pool in multiple completed wells.