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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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator MYCO INDUSTRIES, INC. ✓	Well API No. 30-005-62744
Address 207 SOUTH 4 th. ARTESIA, NM. 88210 FEB - 5 1991	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) 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"/> ARTESIA, OFFICE	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name FRANK SR. COM.	Well No. 1	Pool Name, Including Formation PECOS SLOPE ABO	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 15 Township 5s Range 24e, NMPM, CHAVES County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> TRANSWESTERN PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1188 HOUSTON TX. 77001					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 15	Twp. 5s	Rge. 24e	Is gas actually connected? YES	When? 2/01/91

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'v	Diff Res'v
		X	X					
Date Spudded 9/11/90	Date Compl. Ready to Prod. 10/01/90		Total Depth 4200		P.B.T.D. 4110			
Elevations (DF, RKB, RT, GR, etc.) 3942 GR. 3949 DF	Name of Producing Formation ABO		Top Oil/Gas Pay 3577		Tubing Depth 3510			
Perforations 3577, 78, 80, 81, 82, 83, 84, 85, 3667, 68, 69, 3818, 19, 20, 23, 24, 25, 27, 28, 29.					Depth Casing Shoe 4191			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	10 3/4"		850'		550 SX CIRCULATED			
7 7/8"	4 1/2"		4191'		400 SX.			
	2 3/8"		3510					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 850	Length of Test 24 HRS.	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) PACKER	Choke Size 1/2"

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
W.A. GRESSETT CONSULTANT
Printed Name Title
2/05/91 748-1471
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 7 1991

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 charges.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.