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 ARTESIA OFFICE

STATE OF NEW MEXICO
 ENERGY AND MINERALS DEPARTMENT

Form C-104
 Revised 10-01-79
 Format 06-01-83
 Page 1

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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<input checked="" type="checkbox"/>	
OPERATOR		<input checked="" type="checkbox"/>	
PROMOTION OFFICER			

OIL CONSERVATION DIVISION
 P. O. BOX 2089
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator MYCO INDUSTRIES, INC.

Address 207 S. 4TH ST. ARTESIA, NM 88210

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input checked="" type="checkbox"/> ^{AD} Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE Tinker Tr. SP-D-G-ST

Lease Name ROADRUNNER FED.	Well No. #1	Pool Name, including Formation S. LEO QN-6/B	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC-062029
Location Unit Letter J ; 1980 Feet From The SOUTH Line and 1980 Feet From The EAST	Line of Section 35	Township 18S	Range 29E	County EDDY

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 157 Hobbs NM</u>
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 ODESSA, TX. 79762
If well produces oil or liquids, give location of tanks.	Unit J Sec. 35 Twp. 18S Rge. 29E Is gas actually connected? YES When NOV. 22, 1985

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

G. N. Munnif
 (Signature)
ENGINEER
 (Title)
Nov. 26 '85
 (Date)

OIL CONSERVATION DIVISION
 JAN 10 1986

APPROVED _____

BY _____ Original Signed By
Les A. Clow
 Supervisor District _____

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, this form must be accompanied by a tabulation of the deviation 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 Forms C-104 must be filed for each pool in multiply completed wells.

part 2D3
 H-86
 Add CT: PP

PREVIOUSLY

NOTE C-104 FILED

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Scale Relief	Full Repair
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.				
Elevations (DE, KNS, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH (FT)			SACK CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed total allowable for this depth or be for full 24 hours)

Date First New Oil Run To Texas	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size