

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>MyCo Petroleum Company</b>	
Address <b>P.O. Box 1209 Lovington, N.M. 88260</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name **Bettis, Boyle and Stovall** P.O. Box 1240 Graham, Texas 76046 and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>James McFarland</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Chaveroo San Andres</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No. <b>99844</b>
Location Unit Letter <b>N</b> : <b>660</b> Feet From The <b>S</b> Line and <b>1980</b> Feet From The <b>W</b> Line of Section <b>20</b> Township <b>7S</b> Range <b>33E</b> , NMPM, <b>Roosevelt</b> 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"/> <b>Mobil Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 900 Dallas, Texas 75221</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <b>N</b>	Sec. <b>20</b>
	Twp. <b>7S</b>	Rge. <b>33E</b>
Is gas actually connected? <b>No, TSTM, Vented</b> When		

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.

**Connie L. Willard**  
(Signature)  
**Secretary**  
(Title)  
**2-24-85**  
(Date)

OIL CONSERVATION DIVISION  
**MAR 25 1985**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi  
Separate Forms C-104 must be filed for each pool in multi completed wells.

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MAR 22 1985

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