

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator MyCo Petroleum Company

Address P.O. Box 1209 Lovington, N.M. 88260

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

Other (Please explain) _____

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 <u>James McFarland "A"</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Chaveroo San Andres</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>99844</u>
Location				
Unit Letter <u>J</u>	<u>1979.5</u> Feet From The	<u>S</u> Line and	<u>1955.8</u> Feet From The	<u>E</u>
Line of Section <u>20</u>	Township <u>7S</u>	Range <u>33E</u>	<u>NMPM,</u>	<u>Roosevelt</u> 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"/> <u>Mobil Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 900 Dallas, Texas 75221</u>
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 Sec. Twp. Rge. Is gas actually connected? When
	<u>0 20 7S 33E No, TSTM, Vented</u>

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 Willipet
(Signature)

Secretary
(Title)

2-24-85
(Date)

OIL CONSERVATION DIVISION

MAR 25 1985

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

REFERENCE

MAR 22 1985

HOCHTIEF

RECEIVED

MAR -1 1985

O.C.D.
HOBBS OFFICE