

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 Cu-01-83  
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LAND OFFICE	
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PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator PyCo Petroleum Company  
Address P.O. Box 1209 Lovington, N.M. 88260  
Reason(s) for filing (Check proper box)  
☐ New Well ☐ Change in Transporter of:  
☐ Recompletion ☐ Oil ☐ Dry Gas  
☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate  
Other (Please explain) \_\_\_\_\_  
If change of ownership give name and address of previous owner Wiser Oil Company P.O. Box 192 Sistersville, W. Va. 26175

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>State K</u>	<u>1</u>	<u>Chaveroo San Andres</u>	<u>State, Federal or Fee</u>	<u>State</u>
Location	Unit Letter	Feet From The	Line and	Feet From The
	<u>D</u>	<u>660</u>	<u>N</u>	<u>660</u>
Line of Section	Township	Range	NMPM,	County
<u>36</u>	<u>7S</u>	<u>33E</u>	<u>NMPM,</u>	<u>Roosevelt</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>obil Pipeline</u>	<u>P.O. Box 900 Dallas, Texas 75221</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Cities Service</u>	<u>P.O. Box 300 Rm 1052 CSF Tulsa, Ok. 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>E</u>	<u>36</u>
		Twp.
		<u>7S</u>
		Rge.
		<u>33E</u>
Is gas actually connected?	When	
<u>Yes</u>	<u>5-66</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.

Cornie Willard  
(Signature)

Secretary  
(Title)

1-20-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 26 1987, 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.

RECEIVED

JAN 23 1987

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HOBBS OFFICE