

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PERMITS OFFICE	

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

Form C-104
Revised 10-01-73
Format 06-01-83
Page 1

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)	Change in Transporter of:		Other (Please explain)
<input type="checkbox"/> New Well	<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			

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
James McFarland	4	Chaveroo San Andres	State, Federal or Fee	99844
Location				
Unit Letter <u>L</u>	<u>1979.5</u> Feet From The	<u>S</u> Line and	<u>660</u> Feet From The	<u>W</u>
Line of Section <u>20</u>	Township <u>7S</u>	Range <u>33E</u>	NMPM,	Roosevelt 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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Mobil Pipeline Company</u>	<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>N</u>	<u>20</u>	<u>7S</u>	<u>33E</u>	<u>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 L. Willyard
(Signature)

Secretary
(Title)

2-24-85
(Date)

OIL CONSERVATION DIVISION

MAR 25 1985

APPROVED _____, 19 _____

BY _____

ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT 1 SUPERVISOR

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.

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O.C.D.
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