

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

ALL INFORMATION RECEIVED	
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SANTA FE	
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LAND OFFICE	
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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format C-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 Wiser Oil Company P.O. Box 192 Sistersville, W.Va. 26175

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <u>State K</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Chaveroo San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>808809</u>
Location Unit Letter <u>E</u> ; <u>660</u> Feet From The <u>W</u> Line and <u>1980</u> Feet From The <u>N</u> Line of Section <u>36</u> Township <u>7S</u> Range <u>33E</u> , NMPM, <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>Phillips Petroleum</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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>City Cities Service</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 300 Rm 1052 CSE Tulsa, Ok. 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>36</u>
	Twp. <u>7S</u>	Rge. <u>33E</u>
	Is gas actually connected? <u>Yes</u>	When <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.

Conne 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  
OCD  
HOBBS OFFICE