Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources $D\varepsilon_c$ *ment

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artenia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator	TO TF	RANSPORT C	OIL AND NA	TURAL G	AS				
1 '				Weil API No.					
MYCO PETROLEUM Address		30-041-2024							
Box 1209, Loving	aton. New 1	Moriae ee	360						
Mousou(a) for Fitting (Check proper box)	goon, wew r	TEXTCO 66		her (Please exp	lain)				
New Well	Change	in Transporter of:		(1 10.200 20)	<i></i>				
Recompletion	Oil [Dry Gas]				,		
Change in Operator	Casinghead Gas	Condensate)						
If change of operator give name and address of previous operator B1 a	ack Resourc	ces, Inc.	1100 M	10+22-	D			***************************************	
II. DESCRIPTION OF WELL	ANDIEACE		<u> </u>	as cang	rrail,	Granbur	y,Texa	s 76 049	
Lease Name		Pool Name Inch	sdie e Fermania		1 22:				
Shell-Cone-Part	in Pool Name, Including Formation Chaveron San andres					of Lease Federal of Fee	- L	ease No.	
Location						7.00			
Unit LetterZI	:1980	_ Feet From The _	FSL South	66 and	0 -	eet From The _	PRI Di	+	
25	_			e and	r	eet from The	- CLL	Line	
Section 35 Townshi	ip 7S	Range 32	E N	мрм,	Roosev	elt		County	
III. DESIGNATION OF TRAN	SPORTER OF C	III AND NATI	LIDAL CAC						
reame of Authorized Transporter of Oil	5 1/1 E PSR#	pelern	Address (Giv	e address to wh	ich approved	carry of this for	m is to be se		
Enron Oil Tradi	ss (Give address to which approved copy of this form is to be sent) .O.Box 1188, Houston, TX 77151-1188								
Ivame of Authorized Transporter of Casin		Address (Give address to which approved copy of this form is to be sent)							
11000									
If well produces oil or liquids, give location of tanks.	e. Is gas actuall	Is gas actually connected? When ?							
If this production is commingled with that	1 3 35 mm any other lease or	1/ 132			L				
IV. COMPLETION DATA	mont any other lease of	pool, give commin	giing order numi	ber:					
Designation T. C.C.	Oil Wel	Gas Well	New Well	Workover	Deepen	Plug Back S	ama Pas'v	Diff Res'v	
Designate Type of Completion		i			Dapen	I LINE DUCK 12	Mille Kes v		
Date Spudded	Date Compl. Ready to Prod.		Total Depth	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		T 09.5							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		
						Deput Casing	Shoe		
	TUBING,	CASING AND	CEMENTIN	NG RECORI)	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
	 					ļ			
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE				1			
OIL WELL (Test must be after re	ecovery of total volume		t be equal to or	exceed top allor	wable for this	depth or be for	full 24 hows	s.)	
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pun	ιφ, gas lift, e	ic.)			
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test Oil - Bbls.			Water - Bbis.			C. NCC			
						Gas- MCF			
GAS WELL						<u> </u>			
Actual Prod. Test - MCF/D	Length of Test		Bu. Carter	A B /AE		10			
	Longui of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
									VI. OPERATOR CERTIFICA
I hereby certify that the rules and regular	tions of the Oil Conser	vation		IL CON	SERVA	ATION D			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				SEP 16 '92					
	nowledge and benef.		Date	Approved		· · · · · · · · · · · · · · · · · · ·			
Johnny William				ירטטע נבעי	TON				
Signature U	By ORIGINAL SIGNED BY JERRY SEXTON								
Tommy Willyan Printed Name	BISTRICT I SUPERVISOR								
Sept. 15, 1992	3.46	Title 7.79	Title_		·				
Date	Tele	phone No.							
			41						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or dec ened well m to be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled on for allowable on a w and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.