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

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

110	REQUEST FOR ALLOWABLE AND AUTHORIZATION
	TO TRANSPORT OIL AND NATURAL GAS

Operator								API No.			
Myco Petroleum Com	mpany						30	0-D41.	- 2034	44	
Address											
P. O. Box 1209	Lc	vingto	n, l	New Mexi	Lco						
Reason(s) for Filing (Check proper box)					X Oth	er (Please explo	iiri)				
New Well		Change in					Fff.	active A	April 1,	1002	
Recompletion	Oil		Dry C	_			LIII	SCLIVE A	ibrit 19	1992	
Change in Operator X	Casingher	ad Gas	Cond	ensate							
If change of operator give name and address of previous operator <u>Hig</u>	h Plair	ns Oil	Com	pany, P	0. Box	141, Ta	tum, NM	88267			
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name		Well No.	Pool 1	Name, Includi	ing Formation	ng Formation		Kind of Lease No.			
Allie Partin et a	1	1 Chaveroo S		San Andres		State,	State, Federal or Fee				
Location					*****						
Unit Letter P	_ :	660	Feet F	From The	SLine	e and66() Fe	et From The	E	Line	
Section 35 Townshi	, 75	3	Range	32E	, Ni	MPM, Ro	oosevel	t		County	
		n or o	r:	TEN BY A COURT	DAY 646					4	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPUK II	THE	A.C.V	COPP		a address to 1	ich com	Looms of this is	form is to be		
	\sum_{i}	Jerkonda Efferentia	ore, y	oull.		e address 10 wh Box 1189					
Enron Oil & Trad Name of Authorized Transporter of Casing	Tilk a					Box 1188					
	gnead Gas	X	or Dr	y Gas		e address to wh					
Trident NGL, Inc. If well produces oil or liquids.	1 Timis	l sec	P. O. Box 50250								
give location of tanks.	Unit				Is gas actually	y connected?	When				
If this production is commingled with that t		35	7 <u>S</u>	32E	Yes	hoe:	lapr	il 1973			
IV. COMPLETION DATA	nom any ou	ici lease or	роог, д	ive continuing	ing order num	рег: 					
Designate Type of Completion	(V)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			[_			1		<u> </u>			
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	ormatio	n	Top Oil/Gas 1	Pay		Tubing Dep	oth .			
Perforations								Depth Casir	ig Shoe		
	7	TUBING,	CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES											
OIL WELL. (Test must be after re	T		of load	oil and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	st			Producing Me	ethod (Flow, pu	mp, gas lift, e	etc.)			
Loosth of Tork	m =				Contract			Chales Ci-			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
A I D I . D					N			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MICF			
CACTICLE	I										
GAS WELL Actual Prod. Test - MCF/D	Il aport -6	Tast			DLL Co-1	2012 A A A A A A A		Certific -6.1	Condensati		
Actual Flot. 1681 - MICF/D	Length of	1 691			Bbis. Conden	sate/MMCF		Gravity of C	_onoensate		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-ir.) Choke Size						
resung retorion (puot, buck pr.)	Tuoing Fit	Secure (Stiff)	ш)		Casing Fless	ire (Silut-IE.)		CHOKE SIZE			
	L				11						
VI. OPERATOR CERTIFIC				NCE			CEDV	ATION	חווופור	NI.	
I hereby certify that the rules and regula					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						MAY 19'92					
is true and complete to the best of my k	Tiowieage a	na pener.			Date	Approve	d				
	(_ f					11					
Tommy Wille	para	<u></u>			∥ ву_	3 1 2 1 1 L		ନ୍ଧ୍ୟ ଅବସ୍ଥାତ ହେଉଛି । ଜ୍ୟାନ୍ତ୍ର ଅବସ୍ଥାତ	EV: (SAL		
Signature Tommy Willyard	J	0	wner			<u> </u>		TO ISON	Kith		
Printed Name		0	Title	·	Title						
Moux 8 1992		505-39		179	Title						
Date			phone								

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new 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.

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OCD HORBS OFFICE