District I PO Box 1980, Hobbs, NM 88241-1988 District II

State of New Mexico Energy, Minerale & Natural Resources Dep

Form C-104

Revised February 10, 1994 Instructions on back

NO Drawer DD, Artenia, NM 88211-9719 District III

OIL CONSERVATION DIVISION

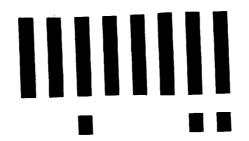
Submit to Appropriate District Office

10 00 Rio Brazo	s Rd., Azze	L, NM 87410		Santa F	O BOX	2088	1 2000					5 Copies	
District IV PO Box 2008, 8	iente Fe. Ni	M 87504.2000			C, 141VI	8130	+-2000					ENDED REPORT	
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Lovington, NM 88260													
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30 - 0 05	-20733		Chaveroo; San Andres						* Pool Code 12049				
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Signature:	DELBET.				-,				NSERVAT			ION	
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Tommy Willyard							Approved by PIGINAL SIGNED BY JERRY SEXTON Title: GISTRICT I SUPERVISOR						
Title:	/Operator	Approval Date:											
Date: 6-1-95 Phone: 505-396-2179								JUN 1 6 1995					
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	Previous (Operator Signatu	re			Print	d Name						
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OFFICE OFFICE







Job separation sheet

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

State of New Mexico nergy, Minerals and Natural Resources Depar.

Form C-104 d 1-1-89

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Myco Petroleum Company 30-005-20733 Address P.O. Box 1209, Lovington, New Mexico Reason(s) for Filing (Check proper box) 88260 New Wall ∇ Other (Please explain) in Transporter of: Recompletion Oil Dry Gas Change in Operator Effective April 1, 1992 $\overline{\mathbf{x}}$ Casingi d Gas 🔲 Condensate If change of operator give name and address of previous operator High Plains Oil Company, P.O. Box 141, Tatum, New Mexico II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Cushing 13 Kind of Lease Chaveroo 1 Lease No. San Andres Location State, Federal or Fee Unit Letter __ 1980 North Line and Feet From The __ 660 East Feet From The 13 8 South Township 32 East Range NMPM, Chaves III. EDIT Energy Operating LP

Name of Auto-Heart Color Colo County Address (Give address to which approved copy of this form is to be sent) Enron Cil Trading & Transportation 1.53 Name of Authorized Transporter of Casinghead Gas P.O. Box 1188, Houston, TX. 77151-1188 Address (Give address to which approved copy of this form is to be sent) NONE or Dry Gas If well produces oil or liquids, give location of tanks. Unit Twp Rge. is gas actually connected? When ? Н 13 If this production is commingled with that from any other lease or pool, give commingling order number: 18S NO IV. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'y Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Length of Test **Tubing Pressure** Casing Pressure Choke Size Actual Prod. During Test Oil - Bble Water - Bbla Gas- MCF GAS WELL Actual Prod. Test - MCF/D Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil^{s} Conservation 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 Date Approved _ Donney

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

Signature U
Tommy Willyard

8,1992

Printed Name

hay

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title_

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

All sections of this form must be filled out for allowable on new and recompleted wells.

Owner

Title

396-2179

- 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.