

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Meadco Properties, Ltd.

Address
407 West Wall St., Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 7/1/71 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED

If change of ownership give name and address of previous owner _____

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell "E" State	Well No. 1	Pool Name, including Formation Undesignated R-4155	Kind of Lease State, Federal or Fee State	Lease No. K-3774
Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>2130</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>12S</u> Range <u>33E</u> , NMPM, <u>Lea</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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 5	Twp. 12S	Rge. 33E
	Is gas actually connected? No		When Approx. 30 days.	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/27/71	Date Compl. Ready to Prod. 5/27/71		Total Depth 10,200		P.B.T.D. 9764			
Elevations (DF, RKB, RT, GR, etc.) 4266 gr.	Name of Producing Formation Middle Penn		Top Oil/Gas Pay 9353		Tubing Depth 9300			
Perforations 9353, 54, 99, 9400, 05, 06, 09, 38, 40, 77, 78, 79; 87, 91, 9504, 05, 83, 85, 87, 9603, 05, 9617, 21, 23, 25, 36, 39, 40, 62, 61, 72, 73 & 74						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	12-3/4"		428'		375xx			
11"	8-5/8"		3747'		500xx			
7-7/8"	4-1/2"		9761'		450xx			

V. 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 Tanks 5/11/71	Date of Test 5/25/71	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure packer	Choke Size 2"
Actual Prod. During Test 200	Oil - Bbls. 200	Water - Bbls. 700	Gas - MCF 260

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bill C. Catron
(Signature)
Owner
5/27/71
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 1 1971, 19____

BY John W. Runyan
TITLE Geologist

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.

701

RECEIVED

MAY 25 1971

OIL CONSERVATION COMM.
HOBBS, N. M.