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	GAS	
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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 1-1-85

Operator Meadco Properties, Ltd.		
Address 407 West Wall St., Midland, Texas 79701		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Casinghead Gas MUST NOT BE FLARED AFTER <u>4/11/71</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
New Well <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
		Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell "G" State	Well No. 1	Pool Name, including Formation N. Bagley Penn	Kind of Lease State, Federal or Fee State	Lease No. K-3774
Location Unit Letter <u>N</u> ; <u>1980</u> Feet From The <u>West</u> Line and <u>510</u> Feet From The <u>South</u> Line of Section <u>4</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 N	Sec. 4
	Twp. 12S	Rge. 33E
	Is gas actually connected? <u>No</u> When <u>Approx. 30 days</u>	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. Diff. Res'v.
Date Spudded 1/12/71	Date Compl. Ready to Prod. 2/12/71		Total Depth 10,150		P.B.T.D. 10,150		
Elevations (DF, RKB, RT, GR, etc.) 4247 gr.	Name of Producing Formation Pennsylvanian		Top Oil/Gas Pay 9489		Tubing Depth 9450'		
Perforations 9489, 9519, 9520, 9533, 9536, 9537, 9564, 9588, 9591					Depth Casing Shoe 10,130		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
17 1/2"	12-3/4"		398'		375xx		
11"	8-5/8"		3748'		500xx		
7-7/8"	4-1/2"		10,150'		500xx		

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 2/11/71	Date of Test 2/12/71	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 475	Casing Pressure packer	Choke Size 30/64"
Actual Prod. During Test 452	Oil-Bbls. 452	Water-Bbls. 336	Gas-MCF 813.6

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. Cotner, Owner  
(Signature)  
Bill C. Cotner, Owner  
(Title)  
2/12/71  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED FEB 15 1971, 19\_\_\_\_\_  
BY [Signature]  
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.