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SANTA FE		
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U.S.G.S.		
LAND OFFICE		_
IRANSPORTER	OIL	
TRANS! ORTER	GAS	
OPERATOR		
PRORATION OF	FICE	

+	SANTA FE	- N	+			XICO OIL CO			5510N		orm C-104 upersedes		104 and C-11	
- }-	FILE		+			REQUEST F	AND	JWADLE	•		ifective 1			
-	U.S.G.S.			AUTHO	1017 ATK	ON TO TRAN		א מאב זור	ATURAL G	AS .				
ŀ	LAND OFFICE			AUTHO	MIZATIO	JN 10 INA	131 011 1	JIL AND II	A TORAL C					
+	•	OIL	_											
	IRANSPORTER	GAS												
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ı. [PRORATION OF	FICE							· · · · · · · · · · · · · · · · · · ·					
	John L. Co	x												
	Address 408 West Wa	all St.,	, Mid	land, Tex	kas 79	701								
-	Reason(s) for filing						(ther (Please	explain)					
	New Well			Change is	n Transport	7		Eff. ati	wo 12/1	/72				
	Recompletion			Oil	닐	Ellecti	ve 12/1	./ / 2						
L	Change in Ownershi	p <u>XX</u>		Casinghe	ad Gas	Condens	ate							
1	f change of owners	ship give n	ame M	eadco Pro	opertie	s, Ltd.,	407 Wes	t Wall S	St., Midl	and, T	exas	7970	1	
1	and address of prev	vious owne	r		-							•		
II. ,	DESCRIPTION C	F WELL	AND I	EASE	Pool Nam	e, Including Fo	rmation		Kind of Leas	•			Lease No.	
	Shell "G"	State		1	1	Bagley P			State, Federa	ıl or Fee	State		K-3774	
	Location	Jeace			1,07 0	bug 1 o								
	1	N .	19	80 Feet Fr	om The W	lest Line	and	510	_ Feet From	TheS	outh			
	Unit Letter	·-							.	_				
	Line of Section	4	Tow	nship 12	<u>s</u>	Range	33E	, NMPM,	·	Lea			County	
							-							
II.	DESIGNATION O	OF TRANS	SPORT	ER OF OIL	AND NA	TURAL GAS	Address (ive address t	o which appro	ved copy o	f this form	is to b	e sent)	
	Amoco Pipe				,01.405-1.0				Bldg, Fi				76102	
	Name of Authorized	Transporte	r of Cas	Inghead Gas	X) or Dr	y Gas	Address (ive address i	o which appro	ved copy o	f this form	is to b	e sent)	
							P. O.	Box 1589	, Tulsa	, Oklah	oma 7	74102		
		Warren Petroleum Company Unit Sec. Twp. Ege.								nen				
	If well produces oil give location of tan	ıks.				12S 33E		Yes		3/16/7	1			
v.	If this production in COMPLETION I	is comming	led wit	h that from a	ny other le	ease or pool, (give comm						IDW Barton	
٧.					Oil Well	Gas Well	New Well	Workover	Deepen	Plug Bo	ck Same) Hes'v.	Diff. Restv	
	Designate Ty	pe of Cor	npietio			<u> </u>	Transl Day	1		P.B.T.			<u>i </u>	
	Date Spudded			Date Compl.	Ready to P	rod.	Total Dep	tn		F.B.1.1	,		· e	
	Elevations (DF, RA	KB, RT, GR.	etc. i	Name of Proc	ducing Forn	nation	Top O11/0	ias Pay		Tubing	Depth			
								Port.				th Coolea Shop		
	Perforations Depth Casing Shoe													
	TUBING, CASING, AND CEMENTING RECORD													
			·							-	SACKS	CEME	NT	
	HOLI	ESIZE		CASING & TUBING SIZE										
							<u></u>		<u>.</u>	<u> </u>				
v.	TEST DATA AN	ND REQU	EST F	OR ALLOW	ABLE (Test must be a	fter recover	y of total volu	ime of load oi	l and must	be equal t	o or exc	eed top allow	
•	OIL WELL					able for this de	Producing	Method (Flor	v. Dump. gas	lift, etc.)				
	Date First New Oi	l Run To To	inks	Date of Test	Į.		Producing Method (Flow, pump, gas lift, etc.)							
	15 -4 m-14			Tubing Pressure			Casing Pressure Ci				hoke Size			
	Length of Test													
	Actual Prod. Durir	ng Test	· · · · · · · · · · · · · · · · · · ·	Oil-Bbls.			Water-Bi	ols.		Gas - M	CF			
							<u> </u>							
	GAS WELL			Ti			Bhle Co	ndensate/MMC	F	Gravit	y of Conde	neate		
	Actual Prod. Test	-MCF/D		Length of T										
	Testing Method (p	itot, back p	r.)	Tubing Pres	sure (Shut	t-in)	Casing F	ressure (Shu	t-in)	Choke	Size			
	reating Method (b	 p	•					-						
v	. CERTIFICATE	OF COM	PLIAN	CE				OIL	CONSERV					
4 1	CEMINIONIE OF COMPENSION							NO	W27	19/2		9		
	I hereby certify	hereby certify that the rules and regulations of the Oil Conservation					APPROVED NOV 27 1972, 19 Orig. Signed by							
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					BYJohn Renyan								
	WOOAS IN ILITS BL	above is the and complete to the bost of my months						TITLE Geologist						
											. 			
	ζ.		n/		4		Т	his form is t	to be filed in	n complian	ace with	RULE	1104.	
	man	Month Kith back (Signature)							quest for all					
							well, this form must be accompanied by a tabulation of the deviation to the deviation of th							
	Product	Production Clerk						All sections of this form must be filled out completely for allow						
		(Title)						able on new and recompleted wells.						
	<u>Novembe</u>	er 20.	1977				well n	ame or numb	er, or transp	orter, or or	ner auch	cuange		
		(Date)						well name or number, or transporter, or other such change of conditions will name or number, or transporter, or other such change of conditions will name or number, or transporter, or other such change of conditions will name or number, or transporter, or other such change of conditions will name or number, or transporter, or other such change of conditions will name or number, or transporter, or other such change of conditions will name or number, or transporter, or other such change of conditions will name or number, or transporter, or other such change of conditions will name or number, or transporter, or other such change of conditions will name or number, or transporter, or other such change of conditions will name or number, or transporter, or other such change of conditions will name or number, or transporter, or other such change of conditions will name or number, or transporter, or other such change of conditions will name or number, or transporter, or other such change of conditions will name or number, or transporter, or other such change of conditions will name or number, or transporter, or other such change of conditions will not condition to the change of conditions w						

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.

RECEIVED

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N 27 1072

OIL CONSERVATION COUNT. HOBBS, N. M.