

O. OF COPIES RECEIVED	
DISTRIBUTION	
ANTA FE	
ILE	
S.G.S.	
AND 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

Operator Meade Properties, Ltd.,	
Address 606 Vaughn Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

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

I. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name Phillips-State	Well No. 1	K-2575
Pool Name, including Formation Wittam Cindy-Walcamp		Kind of Lease State, Federal or Fee State
Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West		
Line of Section 22 Township 11-S Range 34-E , NMPM, Lee County		

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P. O. Box 5119, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
None			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 22	Twp. 11-S
		Rge. 34-E	Is gas actually connected? No
			When Unknown

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded 10-12-68	Date Compl. Ready to Prod. 10-30-68	Total Depth 10,584		P.B.T.D. 10,583					
Elevations (DF, RKB, RT, GR, etc.) 4008 Gr.	Name of Producing Formation Walcamp	Top Oil/Gas Pay 9918		Tubing Depth 9860					
Perforations 9918 to 9931				Depth Casing Shoe 10,436					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
19"	13-3/8"	336'		500 sacks					
12-1/4"	9-5/8"	4375'		2500 sacks					
8-3/4"	4-1/2"	10,436'		450 sacks					
	2-3/8"	9860'							

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 10-30-68	Date of Test 11-2-68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure 20 psig	Choke Size None
Actual Prod. During Test	Oil-Bbls. 386	Water-Bbls. 534	Gas-MCF 210

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
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. Etnier (Signature)	
General Partner (Title)	
November 12, 1968 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	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.	

