

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1 ✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
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

RECEIVED

AUG 31 1979

O.C.C.
ARTERIA. OFFICE

Operator Meadco Properties, Ltd. ✓	
Address P.O. Box 2236, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Re-entry <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-24-79 ✓ UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		R-6476 9-29-80	
Lease Name Hudson-Federal	Well No. 1	Pool Name, Including Formation Golden Lane - Delaware Wildcat	Kind of Lease State, Federal or Fee Federal
Location Unit Letter C, 838.4 Feet From The North Line and 1650 Feet From The West		Lease No. LC-070286	
Line of Section 4		Township 21-South Range 29-East, NMPM, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		SCURLOCK PERMIAN CORP EFF 9-1-91	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) The Permian Corporation - Trucks P.O. Box 1183, Houston, Texas 77001		
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) Not designated		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 4	Twp. 21-S
		Rge. 29-E	Is gas actually connected? No
			When Within 60 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X				Re-entry					
Date Spudded 7/26/79	Date Compl. Ready to Prod. 8/10/79	Total Depth 4513		P.B.T.D. 4513							
Elevations (DF, RKB, RT, GR, etc.) 3428.7 GR	Name of Producing Formation Wildcat	Top Oil/Gas Pay 4070		Tubing Depth 3900'							
Perforations 4077, 4079, 4081, 4083, 4112, 4113, 4115, 4143, 4145, 4147, 4157, 4159, 4173, 4175, 4177, 4193, 4195		Depth Casing Shoe									
TUBING, CASING, AND CEMENTING RECORD											
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT					
20"		16" - 55#		566'		400 sx					
15"		11 3/4" - 42#		1624'		1075 sx					
11"		8 5/8" - 24#		4052'		1075 sx					
7 7/8"		4 1/2" - 17# & 20#		4513'		250 sx					

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 8/24/79	Date of Test 8/24/79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 35 BO	Oil - Bbls. 35	Water - Bbls. 42	Gas - MCF 12

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		OIL CONSERVATION COMMISSION	
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.		SEP 4 1979	
Marilyn Russell (Signature)		APPROVED	
Agent		BY W.A. Gussert	
(Title)		SUPERVISOR, DISTRICT III	
8/28/79 (Date)		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.	