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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  
**RECEIVED**

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

APR 26 1973

Operator Meadco Properties, Ltd.	
Address 407 West Wall St., 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"/> 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 Harris-Bell	Well No. 1	Pool Name, including Formation Golden Lane Strawn	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0558014
Location				
Unit Letter H	1980	Feet From The North	Line and 660	Feet From The East
Line of Section 5	Township 21-S	Range 29-E	NMPM,	Eddy 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"/>	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)	
Waiting on connection		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 5
	Twp. 21	Rge. 29
	Is gas actually connected? No	
	When	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 12/13/72	Date Compl. Ready to Prod. 3/13/73	Total Depth 12,712'	P.B.T.D. 12,712'					
Elevations (DF, RKB, RT, GR, etc.) 3459 Gr	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,260'	Tubing Depth 11,246'					
Perforations 1 hole at 11,266, 11,267, 11,268, 11,269, 11,270, 11,271, 11,272			Depth Casing Shoe 12,700'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	48# & 70#	632'	650sx					
12-1/4"	24# & 28#	4,050'	3600 sx					
7-7/8"	11.60 & 13.50 N-80	12,712'	700 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)

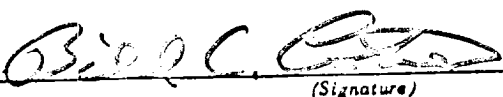
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 3.920	Length of Test 4 hrs.	Bbls. Condensate/MMCF 34.5	Gravity of Condensate 57.6
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (Shut-in) 3500#	Casing Pressure (Shut-in) packer	Choke Size 9/64"-17/64"

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.

  
(Signature)

Agent

(Title)

3/20/73

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

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.