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

MAY 13 1975

Operator Meadco Properties, Ltd. ✓		O. C. C. ARTERIA, OFFICE	
Address P. O. Box 2236, 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 "6"	Well No. 1	Pool Name, Including Formation Golden Lane Strawn	Kind of Lease State, Federal or Fee Federal
Lease No. NM029588			
Location			
Unit Letter I	3147	Feet From The North	Line and 660' Feet From The East
Line of Section 6	Township 21 South	Range 29 East	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Co. - pipeline	P. O. Box 1492, El Paso, Texas 79978		
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 6	Twp. 21 S
		Rge. 29 E	Is gas actually connected? No
			When 4-25-75 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
		X	X
Date Spudded 12/22/74	Date Compl. Ready to Prod. 3/5/75	Total Depth 11,575	P.B.T.D. 11,575
Elevations (DF, RKB, RT, GR, etc.) 3469.6 Gr	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,438 11441	Tubing Depth 11,330
Perforations 11,441, 11,444, 11,445, 11,446, 11,447, 11,448, 11,449	Depth Casing Shoe 11575		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" - 48#	617'	550 sx
12-1/4"	8-5/8" - 24 & 32#	4,000'	600 SX
7-7/8"	4-1/2" - 11.60#	11,575'	700 SX
	2-3/8" - N-80 tbg.	11,330'	--

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 N.S.P. 993 311,47 acres			
Actual Prod. Test - MCF/D Cal. OF 9496	Length of Test 24 hrs.	Bbls. Condensate/MMCF 288	Gravity of Condensate 54
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (shut-in) 3707	Casing Pressure (shut-in) packer	Choke Size 9/64-17/64"

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION MAY 6 1975	
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.		APPROVED _____, 19____	
Agent _____ (Signature)		BY <u>W. A. Gressett</u>	
3/10/75 (Date)		TITLE <u>SUPERVISOR, DISTRICT II</u>	
		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.	