

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseded by C-104 and C-110
Effective 1-1-85

AUG 11 1980

O. C. D.
ARTESIA, OFFICE

Operator Meadco Properties, Ltd. ✓	
Address P. O. Box 2236, Midland, Texas 79702	
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"/>
CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-5-80 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED 2, 2-421	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harris-Federal	Well No. 1	Pool Name, including Formation Golden Lane Undesignated	Kind of Lease State, Federal or Fee Federal	Lease No. LC-029588
Location Unit Letter L ; 3153 Feet From The North Line and 660 Feet From The West Line of Section 4 Township 21-S Range 29-E, NMPM, Eddy County				

SCURLOCK PERMIAN CORP EFF 9-1-91

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	P. O. Box 1183, Houston, TX 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 L	Sec. 4	Twp. 21-S	Rge. 29-E	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4/12/80	Date Compl. Ready to Prod. 4/22/80	Total Depth 4400		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3439.2 GR	Name of Producing Formation Undesignated Delaware		Top Oil/Gas Pay 4007		Tubing Depth 3990'			
Perforations			Depth Casing Shoe 4400					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		565'		350 SX			
7 7/8"	4 1/2"		4400'		1550 SX			
		2 3/8"		3990'				

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 8/5/80	Date of Test 8/5/80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size ---
Actual Prod. During Test 12	Oil-Bbls. 12	Water-Bbls. 10	Gas-MCF .9

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

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.

Marilyn Russell
(Signature)

Agent

(Title)

8/7/80

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1980, 19

BY W. A. Gressett

TITLE SUPERVISOR DISTRICT II

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.