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LAND 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

RECEIVED

OCT - 2 1981

Operator Meadco Properties, Ltd. /		O. C. D. ARTERIAL SECTION	
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"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Harris Federal	Well No. 2	Pool Name, including Formation Golden Lane Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM 129588
Location Unit Letter <u>XN</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>21-S</u> Range <u>29-E</u> , NMPM, <u>Eddy</u> County				

SCURLOCK PERMIAN CORP EFF 9-1-91

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) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit V	Sec. 5	Twp. 21-S	Rge. 29-E	Is gas actually connected? <u>not yes</u>	When <u>45 days 12-17-81</u>

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

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 5/16/81	Date Compl. Ready to Prod. 9/8/81		Total Depth 12,796		P.B.T.D. 12,776			
Elevations (DF, RKB, RT, GR, etc.) 3389.7 Gr.	Name of Producing Formation Morrow		Top Oil/Gas Pay 12,310		Tubing Depth 10,403			
Perforations 32 holes - 12,310 - 12,775					Depth Casing Shoe 12,796			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	13 3/8"	613'	650 sx Circulated
11"	8 5/8"	4,410'	1650 sx
7 7/8"	5 1/2"	12,796'	1800 sx

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 667	Length of Test 4 hrs.	Bbls. Condensate/MMCF none	Gravity of Condensate --
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (shut-in) 3772	Casing Pressure (shut-in) Packer	Choke Size .75

I. 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.

Michelle Russell  
(Signature)  
Agent  
(Title)  
9/21/81  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 2 2 1981  
BY W. A. Gessert  
TITLE SUPERVISOR DISTRICT I

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.