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DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104  REQUEST FOR ALLOWABLE Supersedes Old C-10  Effective 1-1-65				1	Form C-104			
SANTA FE										
FILE					AND					,,
U.S.G.S.			AUTHO	DRIZATION TO TR	ANSPOR	FOIL AND I	NATURAL (	3AS		
	OIL									
TRANSPORTER -	GAS									
OPERATOR										
PRORATION OFF	ICE						· <del></del>			
Operator Meadco Pro	mert.	ies. L	td.							
Address										
407 West W	Wall S	St., M	idland, T	Cexas 79701						
Reason(s) for filing (	Check pr	oper box)				Other (Please				12.450
New Well			Change in	n Transporter of:			of Operat			
Recompletion			Oil	Dry (	Gas		sly opera Wall, Mid			
Change in Ownership			Casinghe	ad Gas Cond	ensate	400 W.	vall, Mid	.ianu,		<u>*</u>
f change of ownershand address of previ						······································			<u></u>	
DESCRIPTION OF	F WELI	L AND I	LEASE		<u></u>					<del></del>
Lease Name			) _	Pool Name, Including		2	Kind of Leas State, Federa		State	Lease No. L-3137
State "C"			2	N. Bagley Lo	wer Pen	1	State, redero	n or ree		
Location Unit Letter	E	,660	Feet Fro	om The West L	ine and	1980	Feet From	The	North	
Line of Section	11	Tow	mship 11	IS Range	33E	, NMPM	í,	Lea		County
<u> </u>			<u> </u>							
DESIGNATION OF	F TRA	NSPORT	ER OF OIL	AND NATURAL G	AS		<del></del>	<del> </del>	7.3 T. C	
Name of Authorized				Consensate	1	(Give address				
Amoco Pipe				or Dry Gas	2300	Give address	al Bank B	ved copy of	f this form is	, TX 76102 to be sent)
Warren Per			•	j 0. 5., 645	!	Box 1589,				
			Unit Sec	. Twp. Rge.		ctually connect				
If well produces oil of give location of tanks	-	3,	! E ! 1	11   115   33	Е	Yes		8/	19/67	
If this production is COMPLETION DA		ngled wit	h that from ar	ny other lease or poo	l, give com	mingling orde	r number:			
Designate Typ		ompletio		Oil Well Gas Well	New We	Workover	Deepen	Plug Bo	ck Same Re	s'v. Diff. Res'v.
				Ready to Prod.	Total D	enth .		P.B.T.	<del></del>	
Date Spudded			Date Compi.	neddy to Prod.	Total B	eptii		1.12111	••	
Elevations (DF, RKB	RT. G	R. etc.i	Name of Prod	ucing Formation	Top Oil	/Gas Pay		Tubing	Depth	
(=1,1112	,, 0.	.,,								
Perforations		<del></del>	·					Depth C	Casing Shoe	
				<u></u>						
			,	TUBING, CASING, A	ND CEMEN					
HOLE	SIZE		CASING	G & TUBING SIZE	_	DEPTHS	ET		SACKS CE	MENT
			ļ	<del> </del>				<del></del>		
			<del> </del>							
TEST DATA ANI	REGI	JEST F	OR ALLOWA	BLE (Test must be	after recov	ery of total volu	ume of load oil	and must	be equal to or	exceed top allow-
OIL WELL				able for this	depth or be	for full 24 hour	s)			
Date First New Oil F	Run To T	anks	Date of Test		Produci	ng Method (Fle	w, pump, gas c	iji, eic.j		
			Tubin Drane		Casina	Pressure	·	Choke	Size	
Length of Test			Tubing Press	,ure	Casmy					
Actual Prod. During	Test		Oil-Bbls.		Water-1	Bble.		Gas-M	CF	
Titue same	•									
			<u> </u>		k. ·					
GAS WELL								T =		
Actual Prod. Test-N	MCF/D		Length of Te	st	Bbls. C	ondensate/MMC	F	Gravity	of Condensati	•
				7-1-1-1-1		Dragours folked	-in l	Choke	Size	
Testing Method (pitc	ot, back	pr.)	Tubing Press	sure (Shut-in)	Casing	Pressure (Shu		Cnoxe	J4 & T	
			<u> </u>		_		CONSERV	A TION 6	COMMISSIO	
CERTIFICATE C	OF COM	IPLIAN	CE			OIL	CONSERV	21	1072	<b>714</b>
				f the Oil Connection	APP	ROVED	AUL			, 19
I hereby certify the	at the ru	iles and	regulations of	f the Oil Conservation give	m			Orle. Si	ented by	

## 1.

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

2:05	C. Cother	
	(Signature)	
Owner		
	(Tide)	

8/17/72

Jos. D. Russy Dist. I, Supv. 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.

MARKAN ED

OL COUSTRATE COMM.