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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

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

I. Operator **Meadco Properties, Ltd.**

Address **c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE **North Bagley-Upper Pennsylvanian**

Lease Name Cabot "A" State	Well No. 1	Pool Name, including Formation Unders. N. Bagley U. Penn	Kind of Lease State, Federal or Fee State	Lease No. OG-1426
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Location

Unit Letter **L** ; **1980** Feet From The **South** Line and **510** Feet From The **West**

Line of Section **14** Township **11 S** Range **33 E** , NMPM, **ea** 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"/> Pan American Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1725, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit **L** Sec. **14** Twp. **11S** Rge. **33E** Is gas actually connected? **No** When _____

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9/15/67	Date Compl. Ready to Prod. 12/3/67	Total Depth 10,295	P.B.T.D. 9730					
Elevations (DF, RKB, RT, GR, etc.) 4257 KB	Name of Producing Formation Upper Penn	Top Oil/Gas Pay 9177	Tubing Depth 9100					
Perforations 9177-80, 9454-61, 9527-31, 9544-45	as per		Depth Casing Shoe 10,290					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	380	390
11	8 5/8	3800	500
7 7/8	5 1/2	10,290	550
	2 3/8	9100	

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 11/2/67	Date of Test 12/3-4/67	Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 18 hours	Tubing Pressure 300#	Casing Pressure Pkr
Actual Prod. During Test 383	Oil - Bbls. 306	Water - Bbls. 77
		Gas - MCF 428

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.

A. L. Smith
(Signature)
Agent
(Title)
December 5, 1967
(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.