

| | |
|------------------------|------------|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| 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

| | | | |
|--|--|--|-----------|
| Lease Name Thompson | Well No. Pool Name, Including Formation 1 North Bagley | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter M 660 Feet from The South Line and 724 Feet from The West Line or Section 23 Township 11 S Range 33 E , NMPM, Lea 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 Pet. Corp. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1725, Midland, Texas |
| Name of Authorized Transporter of Casinghead Gas <input 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 number of tanks. M 23 | Sec. 11 S Rge. 33 E 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) X | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Rest'y. | Diff. Rest'y. |
| Date Spudded 2/26/68 | Date Compl. Ready to Prod. 3/26/68 | Total Depth 10,200 | P.B.T.D. 9606 | | | | | |
| Elevation (T.F., HKB, RT, GR) 4248.7 GR | Name of Producing Formation Wolfcamp | Top Oil/Gas Pay 8735 | Tubing Depth | | | | | |
| Perforations 8735, 37, 39, 43, 47 | | | Depth Casing Shoe 9659 | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 17 1/2 | CASING & TUBING SIZE 12 3/4 | | DEPTH SET 382 | | SACKS CEMENT 290 | | | |
| 11 | 8 5/8 | | 3790 | | 400 | | | |
| 7 7/8 | 4 1/2 | | 9659 | | 500 | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of low 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 3/27/68 | Date of Test 3/27/68 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hours | Testing Pressure 600# | Casing Pressure | Choke Size 16/64" |
| Actual Prod. During Test 291 | Oil-Bbls. 265 | Water-Bbls. 26 | Gas-MCF 424 |

GAS WELL

| | | | |
|-----------------------------------|----------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (spot, back prod.) | Testing 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.

H. L. Smith
Signature

Agent

(Title)

3/29/68

(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.