	NO. OF COPIES RECEIVED							
	DISTRIBUTE							
	SANTA FE							
	FILE							
	u.s.g.s.							
	LAND OFFICE							
1.	TRANSPORTER	OIL						
	TRANSFORTER	GAS						
	OPERATOR							
	PRORATION OF							

	DISTRIBUTE	_					ONSERVATION COMMISSION				Form C-104				
	SANTA FE	\dashv	REQUEST F				FOR ALLOWABLE			persedes Old lective 1-1-65	C-104 and C-11(
	U.S.G.S.	ار _{ا م}	AUTHORIZATION TO TRAN				AND								
İ	LAND OFFICE			_ ^0	INORIZ	A HON	I IO IKA	MOFURI	OIL AND N	ATURAL G	MJ				
Ì	TRANSPORTER	OIL													
	THAILST SITTER	GAS													
	OPERATOR														
1.	PRORATION OF	FICE													
	John L. Co	John L. Cox													
		408 West Wall St., Midland, Texas 79701													
	Reason(s) for filing	(Check pro	oper bo	x)					Other (Please	explain)					
	New Well			Chanc	ge in Tra	nsporter o	of:		Effect	ive $12/1$	/72				
Recompletion Oil Dry Gas Change in Ownership XX Casinghead Gas Condensate															
	If change of owners			Meadc	o Prop	pertie	s, Ltd.	., 407	West Wall	St., Mi	dland,	Гехаs 7	9701		
	DESCRIPTION OF WELL AND LEASE														
•	Lease Name	OF WELL	- AND	Well	No. Poo	l Name, I	ncluding Fo	ormation		Kind of Lease			Lease No.		
	Shell "AX"	1	l North Bagley			Penn		State, Federal	or Fee	State K-3774					
	Unit Letter	<u>L;</u>	19	980 Feet	From Th	. <u>Sc</u>	outh Line	e and	810	_ Feet From T	he We	est			
	Line of Section	4	T	ownship	129	5	Range	33E	, имрм,		Lea		County		
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)														
	Amoco Pipe	-		_			2300 Cd	1	tal Natl						
	Name of Authorized				is 📉	or Dry G	as 🗀	1	Give address to Box 1589				_		
	Warren Pet			Unit ;	Sec.	Twp.	Rge.	Is gas act	ually connected		n		, 2		
i	give location of tan	ks.		<u> </u>	4	1	33E	<u> </u>	Yes		1/28	/69			
		f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA OIL Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Re											v. Diff. Restv.		
	Designate Ty	pe of Co	mplet	ion - (X)		!		1	1		l 	† 	1 1		
	Date Spudded			Date Com	Date Compl. Ready to Prod.				th		P.B.T.D.				
	Elevations (DF, RK	B, RT, GR	R, etc.j	Name of F	Name of Producing Formation				Top Oil/Gas Pay			Fubing Depth			
	Perforations								Depth				n Casing Shoe		
	TURING CASING AND								CEMENTING RECORD						
	HOLE	SIZE		CAS	SING & T				DEPTH SE		s	ACKS CEM	ENT		
								 			ļ ———				
v	TEST DATA AN	D REQU	EST I	FOR ALLO	WABLE	. (Tes	t must be at	iter recover	y of total volum	ne of load oil	and must be	equal to or e	xceed top allow:		
••	OIL WELL Date First New Oil			Date of T		able	for this de	pth or be fo	r full 24 hours) Method (Flow	1					
	Dule 7 hat New On		4.12.7									,			
	Length of Test			Tubing P	Tubing Pressure				Casing Pressure			Choke Size			
	Actual Prod. During	Test		Oil-Bbls	Oil-Bbls.			Water-Bbls.			Gas-MCF	Gas-MCF			
															
	GAS WELL Actual Prod. Test-	MCF/D		Length of	Test			Bble. Cor	densate/MMCF	•	Gravity of	Condensate			
								Casing Pressure (Shut-in)			Choke Size				
	Testing Method (pi	back p	, back pr.) Tubing Pressure (Shut-in)				• •	Casing P	-sens enec-	,	CHOKA 212	NIOLE OLLE			
VI.	CERTIFICATE OF COMPLIANCE							OIL CONSERVATION COMMISSION NOV 27 1972 Orig. Signed by 19							
	I hereby certify that the rules and regulations of the Oil Conservation						APPROVED Orig. Signed by , 19								
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Tohn Runvan								
								TITLE							
	2 - 2 - 1							This form is to be filed in compliance with RULE 1104.							
	Moreta Shith book							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							
	(o.S.m.a.)							tests t	aken on the v	vell in accor	dance with	RULE 111	•		
	Produc	Production Clerk (Title)							i sections of	this form mu completed we	st be filled lis.	out comple	tely for allow-		
	Novemb	November 20, 1972							able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,						
				Date)				well name or number, or transporten or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply							
								parate Forms ted wells.	-104 mus	od IIIed	tor each bo	or in murapty			

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N. 27 1072

OIL CONSERVATION COMM. HCBBS, N. M.