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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

III.

IV.

June 11, 1970

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST	Effective 1-1-65		Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE	Nothing Park	THO OIL AID I	ATORAL OAG		
TRANSPORTER GAS	_				
OPERATOR					
PRORATION OFFICE Operator					
Meadco Properties,	Ltd.				
Address 606 Vaughn Buildin	g, Midland, Texas 79701				
Reason(s) for filing (Check proper bo	ox)	Other (Please	explain)		
New Well	Change in Transporter of:				
Recompletion Change in Ownership	Oil A Dry Go Casinghead Gas Conde	77			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	`ormation	Kind of Lease	Lease No.	
Shell "C" State	1 North Bagley L		State, Federal or Fee		
Unit Letter ; 6	60 Feet From The East Lin	ne and 2130	Feet From The So	ath	
	ownship 125 Range	33E , NMPM,	_	68 County	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA				
Name of Authorized Transporter of O Amoco Pipeline Com		Address (Give address to 3411 Knoxville)	which approved copy of Lubbock. Texa		
Name of Authorized Transporter of C	asinghead Gas 🐧 or Dry Gas 🗔	Address (Give address t	which approved copy of	f this form is to be sent)	
Warren Petroleum C	Unit Sec. Twp. Rge.	P.O.Box 1589, 1	d? When		
give location of tanks.	I 4 12S 33E	Yes	6-9-7	0	
If this production is commingled w COMPLETION DATA	vith that from any other lease or pool,	New Well Workover	Deepen Plug Bac	ck Same Res'v. Diff. Res'v.	
Designate Type of Complet		Idem Mett Motronet	Deepen Flug Bdd	Same Hes V.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D	•	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing E)epth	
Perforations			Depth Co	asing Shoe	
	TUBING, CASING, AN	D CEMENTING RECOR			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEMENT	
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volumenth or be for full 24 hours		e equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow			
Length of Test	Tubing Pressure	Casing Pressure	Choke S	ize	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MC	F	
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 S	ize	
CERTIFICATE OF COMPLIA	NCE	OIL C	ONSERVATION C	:OMMISSION	
		APPROVED	JUN 1219	70	
Commission have been complied with and that the information given		110	Ja Admies		
above is true and complete to the best of my knowledge and belief.					
		11 //		e with pull 5 4404	
Will C.	ota-	If this is a requ	be filed in compliances for allowable for a	a newly drilled or deepened	
(Sig	(nature)	well this form must	be accompanied by a vell in accordance with	tabulation of the deviation	
Bill C. Cotner, Ow	mer Title)		this form must be fille	ed out completely for allow-	
į,	•	II WATE OU HEW BUT LEG	AINDRAFAGE MASTER		

All sections of this form must be filled out compleable 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.

Keisi Nul

DHEVISOR DISTRICT