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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

Operator Meadco Properties, Ltd.	
Address 606 Vaughn Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL IT FORMED. SIGN IF YOU DO NOT CONCUR NOT IN THIS OFFICE.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		North Bagley-Pennsylvania 6.000	
Lease Name Shell "C" State	Well No. 1	Pool Name, including Formation North Bagley Lower Penn	Kind of Lease State, Federal or Fee State
Lease No. K-3774			
Location			
Unit Letter I	660'	Feet From The East	Line and 2130'
Feet From The South			
Line of Section 4	Township 12S	Range 33E	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"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	P. O. Box 3119, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Corporation	P. O. Box 1589, Tulsa, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 4
	Twp. 12	Rge. 33
	Is gas actually connected? No	
	When within 40 days	

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-13-70	Date Compl. Ready to Prod. 4-29-70	Total Depth 10,060'		P.B.T.D. 10,060'				
Elevations (DF, RKB, RT, GR, etc.) 4246.5 GR	Name of Producing Formation Lower & Middle Penn		Top Oil/Gas Pay 9693'		Tubing Depth 9647.12'			
Perforations 9953, 9954, 9982, 9984, 10,003, 10,005		Depth Casing Shoe 10,060'						
9693, 9704, 9706, 9865, 9882, 9890, 9947, 9948, 9869								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	12-3/4"		387'		375xx			
11"	8-5/8"		3750'		400xx			
7-7/8"	4-1/2"		10,060'		500xx			
4-1/2"	2-3/8"		9,647.2'		--			

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)

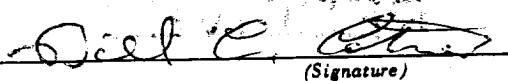
Date First New Oil Run To Tanks 4-15-70	Date of Test 4-29-70	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 400#	Casing Pressure Packer	Choke Size 32/64"
Actual Prod. During Test 776	Oil-Bbls. 426	Water-Bbls. 350	Gas-MCF 255

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.

	(Signature)
Owner	(Title)
4-30-70	(Date)

OIL CONSERVATION COMMISSION

APPROVED	MAY 1 1970
BY	
TITLE	SUPERVISOR DISTRICT

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.

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