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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.	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>11/17/71</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Address 407 West Wall St., Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name State State	Well No. 1	Pool Name, Including Formation Wildcat
Kind of Lease State, Federal or Fee State		Lease No. K-3635
Location		
Unit Letter N	2130	Feet From The West Line and 660 Feet From The South
Line of Section 25	Township 10-S	Range 32-E
NMPM,		Lea County

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 1183, Houston, Texas 77001					
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 74102					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 25	Twp. 10	Rge. 32	Is gas actually connected? No	When approx 30 days

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" 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 6/19/71	Date Compl. Ready to Prod. 8/11/71	Total Depth 10,375	P.B.T.D. 9,406
Elevations (DF, RKB, RT, GR, etc.) 4306 gr.	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9,206	Tubing Depth 9,258
Perforations 9214, 16, 17, 18, 42, 43, 45, 46, 49, 9345, 46, 69, 73, 76, 78, 89, 90,	Depth Casing Shoe 10,121		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	12-3/4"	397'	375xx
11"	8-5/8"	3,740'	375xx
7-7/8"	4-1/2"	10,141'	500xx
	2-3/8"	9,258'	

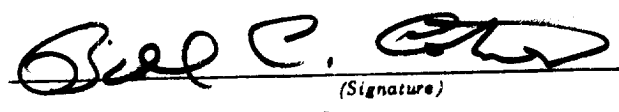
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8/11/71	Date of Test 8/19/71	Producing Method (Flow, pump, gas lift, etc.) Kobe pump 4"x2-3/8"x2-3/8"	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure pkr	Choke Size 2"
Actual Prod. During Test 50 BO	Oil-Bbls. 50	Water-Bbls. 900	Gas-MCF 87

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)
Bill C. Cotner, Owner
(Title)
8/31/71
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 7 1971, 19_____
BY John D. Henry
TITLE Asst. Sec.

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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