NO. OF COPIES REC	i !	
DISTRIBUTIO		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
0		•

	DISTRIBUTION	1					
	SANTA FE	1 :	CONSERVATION COMM	IISSION	Form C-104	form C-104	
	REQUEST FOR ALLOWABLE Supersedes Old Control of the						
	U.S.G.S. LAND OFFICE IRANSPORTER OIL IRANSPORTER OIL OIL						
	GAS	1					
	OPERATOR	1					
	PRORATION OFFICE	4					
1.	Operator						
	Mondon Dynnauties I	+4					
	Meadco Properties, Ltd.						
	Address						
	407 West Wall St., M						
	Reason(s) for filing (Check proper box))	Other (Pleas	59 Haiplas MUS	T NOT BE		
	New Well X	Change in Transporter of:	Unique (Salar)	expaidas mus arter 2/2	171		
	Recompletion	Oil Dry Go	is Transaction	AN EXCEPTION	7 TO R 4074		
i	Change in Ownership	Casinghead Gas Conde	nsate UNLINES .	-CA BEZORI KAUK XIRIN	, 10 1, 19.0		
		· · · · · · · · · · · · · · · · · · ·	TS OFTAI	HX-D-			
	If change of ownership give name	THIS WITH MAS BEEF	N CLACED IN THE THE	•••			
	and address of previous owner	DESKIP TEC UT AND	N PLACED IN THE POC TENDUDE NOT CON	<u> </u>	 		
			10 133 DC 401 CUM	JUK			
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	formation (, 7 M	Kind of Lease		Lease No.	
	State	1 Underday and		State, Federal or Fe	. State	B-10356	
	· · · · · · · · · · · · · · · · · · ·	1 3	 	State, 1 saetal of 1 e		.]	
	Location						
	Unit Letter B : 1980	O Feet From The East Lin	ne and 810	Feet From The	North		
							
	Line of Section 34 Tov	waship 11-S Range	33-E , NMPN	А.	Lea	County	
			,,,,,,,	.,			
***	DESIGNATION OF TRANSPORT	TED OF OH AND NATURAL CO	10				
111.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address	to which approved cor	ny of this form is t	o he sent)	
	!	-				0 00 00,	
	The Permian Corporat		P.O. Box 1183,				
	Name of Authorized Transporter of Car	_	Address (Give address			o be sent)	
	Warren Petroleum Co	rporation	P. O. Box 1589	•	thoma		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connec	•	<u> </u>		
	give location of tanks.	B 34 11 33	No	approx.	. 30 days		
	That is a second and make	th that from any other lange or and	sive commission and	a number			
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA							
Oil Well Gas Well New Well Workover Deepen Plug Back						'v. Diff. Res'v	
	Designate Type of Completic	$on = (X)$ χ	\ X .		1	!	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	- lop	.T.D.	<u> </u>	
	1	•	10,030'	į.			
	6/29/71	7/31/71			10,030'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubi	ing Depth		
	4253 Gr.	Pennsylvanian	9364		9300		
Perforations				Dept	th Casing Shoe		
	1 hole each @ 9369,	70, 71, 87, 88, 90, 91,	9407, 09, 11,	12			
		TUBING, CASING, AN	D CEMENTING RECO	RD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEM	MENT	
			410		375xx		
	17-1/2	8-5/8"	3,744		375xx		
	<u></u>		10,030		450xx		
	7-7/8''	4-1/2"	10,030		43088		
				i			
V.	TEST DATA AND REQUEST F		after recovery of total vol		ist be equal to or e	exceed top allow	
	OIL WELL		epth or be for full 24 how	<u> </u>			
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						•	
	7/30/71	7/30/71	Flowing				
	Length of Test	Tubing Pressure	Casing Pressure	Į.	ke Size		
	24 hrs.	350#	packer	3	32/64''		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas	- MCF		
	255	255	300		3621		
	CACWELL						
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMC	Gran	vity of Condensate	·	
	Actual Flod. 188(*MCF/D	Easigin of Test	Date: Condendate/MMC	Oran	, or condensate	•	
			· 				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	Chol	ke Size		
		<u> </u>	<u> </u>				
VI.	CERTIFICATE OF COMPLIAN	CE	OIL	CONSERVATION	N COMMISSIO	N	
			11 23	UG 2 197	_		
	I hereby pastifu that the auton and	regulations of the Oil Conservation	APPROVED 19				
	Commission have been complied	with and that the information given	1 1 200	201/12			
above is true and complete to the best of my knowledge and belief.			BY TOUT	+ May	CHITTE S PART B		
			dt tot	TRVISOR OF	STRICT		
	TITLE SUPERVISOR DISTRICT						
	This form is to be filed in compliance w			iance with Mu∟f	E 1104.		
	652V ((7.5)		If this is a re-	quest for allowable	for a newly drill	ed or deepene	
	/Sien	nature)	well, this form mu	If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation			
	Bill C. Cotner, Own		tests taken on the	well in accordance	with RULE 111	1.	
	DITE OF COUNTY OWN	· 	ii All sections of	of this form must be	filled out comple	etely for allow	

(Title)

(Date)

7/31/71

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.

RECEIVED

AUS 21971
OIL CONSERVATION CO.AM.
HOBBS, N. M.