				_
ſ	NO. OF COPIES RECEIVED			
Ī	DISTRIBUTION			
Ī	SANTA FE			
İ	FILE			_
1	U.S.G.S.			_
	LAND OFFICE			
	TRANSPORTER	OIL		
		GAS		
	OPERATOR			_
ı. ˈ	PRORATION OFFICE		<u> </u>	

DISTRIBUTION	NEW MEXICO OIL CON	ISERVATION COMMISSION	Form C+104	
SANTA FE	REQUEST FO	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE		AND	_	
U.S.G.S.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GA	S	
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR			•	
PRORATION OFFICE				
Operator	I + A			
Meadco Properties,	Ltu.			
P. O. Box 2236, Mid	lland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	Change in Transporter of:	Designate gas gat	herer	
Recompletion	Oil Dry Gas			
Change in Ownership	Casinghead Gas Condense	ite	· · · · · · · · · · · · · · · · · · ·	
f change of ownership give name and address of previous owner				
	CASE			
DESCRIPTION OF WELL AND LI	Well No. Pool Name, Including For	mation Kind of Lease	Lease No.	
Arco	1 West Sawyer (Sa	an Andres) State, Federal o	or Fee Federal LC-06342	
Location D 554	Feet From The North Line	and 554 Feet From Th	neWest	
Unit Letteri			Lea County	
Line of Section 26 Town	ship 9-S Range			
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	SCURLOCK PERMIAN COL Address (Give address to which approve	RP Eff 3-1-31 ed copy of this form is to be sent)	
		P. O. Box 1183, Houston		
The Permian Corpor	ation Permian (Eff. 9 / 1 /37)	Address (Give address to which approve	ed copy of this form is to be sent)	
Name of Authorized Transporter of Cast Cities Service Oil	Company	P. O. Box 300, Tulsa, C	oklahoma 74103	
 	Unit Sec. Twp. Rge.	Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	D 26 9-S 37-E	Yes	4/14/75	
If this production is commingled with COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'	
Designate Type of Completion			P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	THEN CASING AND	CEMENTING RECORD		
		CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE			
. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top all	
OIL WELL	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
Date First New Oil Run To Tanks				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Length of 1 est			Gas-MCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gds - MCF	
GAS WELL		10.00	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		
		Control Description (Chut-In)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		
		OIL CONSERV	ATION COMMISSION	
I. CERTIFICATE OF COMPLIAN	ICE		APR 29 107 19	
	relations of the Oil Conservation	APPROVED		
I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given to be the of my knowledge and belief.		Joe D. Ramey	
above is true and complete to the	e best of my knowledge and belief.	BY	Joe D. Ramey	
		TITLE	I, Supv.	
_	//	11	compliance with RULE 1104.	
\bigcap	1	- 11	drilled of Deads	
1050	Olno?	If this is a request for and	penied by a tabulation of the devia	
(Sig	nature)	well, this form must be accomp tests taken on the well in acc	ordance with RULE 111.	

Diece.	(Signature)
Bill C. Cotner,	Öwner
	(Title)
4/18/75	(Date)

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.

ſ	NO. OF COPIES RECEIVED			
	DISTRIBUTION			_
	SANTA FE			_
	FILE			_
	U.S.G.S.			_
	LAND OFFICE			
I.	TRANSPORTER	OIL		_
		G A S		
	OPERATOR			
	PRORATION OFFICE		LL_	

9/3/74

(Date)

SANTA FE		OR ALLOWABLE	ON	Supersedes Old	
FILE		AND		Effective 1-1-65	•
U.S.G.S.	AUTHORIZATION TO TRAN		TURAL GAS		
LAND OFFICE	_				•
TRANSPORTER OIL	-				
GAS	-				
OPERATOR OFFICE	-	•			
PRORATION OFFICE					
Meadco Properties,	Ltd.	·			
Address					
P. O. Box 2236, Mid	1and, Texas 79701			.,	
Reason(s) for filing (Check proper bo		Other (Please ex	plain)		
New Well	Change in Transporter of:	This char	nge effectiv	ve 9/1/74	
Recompletion	Oil X Dry Gas		igo cirocer	, , , , , ,	
Change in Ownership	Casinghead Gas Condens	-410			
If change of ownership give name					
and address of previous owner					
DESCRIPTION OF WELL AND	LEASE				
Lease Name	Well No. Pool Name, Including Fo	1111411011	nd of Lease	• D. l	Lease No.
Arco	l West Sawyer (Sa	n Andres)	ate, Federal or Fe	• rederai	LC-06342
Location				***	
Unit Letter D ;	54 Feet From The North Line	and <u>554</u>	Feet From The	West	
24 -	ownship 9-5 Range	37-E , NMPM,		Lea	County
Line of Section 26 T	ownship 9-3 Hange				
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S			
Name of Authorized Transporter of C	II X or Condensate	Address (Give dadress to			o be sent)
The Permian Corpora	ition	P. O. Box 1183,	Houston, T	exas	o he sessi
Name of Authorized Transporter of C	asinghead Gas X or Dry Gas	Address (Give address to	which approved cop	py of this form is t	o oe sentj
None designated			When		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected	, I when		
give location of tanks.	b: 26 9-S 37-E with that from any other lease or pool,	No .			
Designate Type of Comple	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	Tub	ing Depth	
Perforations			Dep	th Casing Shos	
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CE	MENT
NOCE SIZE					
		<u> </u>			
		<u> </u>		net he equal to co	exceed ton all
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volumepth or be for full 24 hours)			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, etc)	
Date Litter Man Off Little 14 July 2					
Length of Test	Tubing Pressure	Casing Pressure	Cho	oke Size	
		, , , , , , , , , , , , , , , , , , , ,		- MCF	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	341	•	
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gro	avity of Condensat	•
Actual Prod. Test-MCF/D	Laudru or last				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Ch	oke Size	
Tauring Marinor (heatest pages hes)					
. CERTIFICATE OF COMPLI	ANCE	OIL C	ONSERVATIO	ON COMMISSION	NC
. CERTIFICATE OF COMPLE			36	D Will	
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.		APPROVED		To- To	ighed by
				ງ∞ເມ	. Ramer . Supv.
above is true and complete to	the nest of my shows-seed and server	TITLE			., эар v .
		11			
Ω		This form is to	be filed in comp	liance with RU	LE 1104. Mad as deers
わぶひとし	Coh		est for allowable		
	Signature)	II AAAAA GAYAA AR IDB Y	AGIT III SCCAIGEIL		
Bill C. Cotner, O	wner	All sections of	this form must b	e filled out com	pletely for all
	(Tide)	il ahia on new and the	SOURDIALES MATTER		

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.