1	1/			
ľ	NO. OF COPIES RECEIVED			
Ī	DISTRIBUTION			
Ī	SANTA FE			
ľ	FILE U.S.G.S.			
	LAND OFFICE			
1.	TRANSPORTER	OIL		
		GAS		
	OPERATOR			
	PRORATION OFFICE			

3/9/73

(Date)

	NO. OF COPIES NECEIVED							
	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104				
t	SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110				
- 1		KLQULSII	_	Effective 1-1-65				
	FILE		AND					
Į.	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	S				
ı	LAND OFFICE			•				
- 1								
ı	TRANSPORTER OIL							
	GAS							
	OPERATOR			,				
- 1				•				
1.	PRORATION OFFICE							
i	Operator							
	Meadco Properties, La	td.						
	Address							
		11 - 1 Maine 70701						
	407 West Wall St., M	idland, Texas 79701						
	Reason(s) for filing (Check proper box)		Other (Please explain) GAS	MIST NOT BE				
		Change in Transporter of:						
	New Well	· · · · · · · · · · · · · · · · · · ·	- BELARED AFRES -	2/4/12				
	Recompletion	Oil Dry Gas	H UNLESS AN EXCE	Prion TO R-4070				
	Change in Ownership	Casinghead Gas Condens	sate					
	Change in Ownership		— IS OBTAINED.					
	If change of ownership give name THIS WELL HAS BEEN PLACED IN THE POOP							
	and address of previous owner DESIGNATED BELOW. IF YOU DO NOT CONCUR							
			IF YOU DO NOT CONCUR					
11	DESCRIPTION OF WELL AND I	EASE NORT THIS CONDE.						
41.	Lease Name		rmation Kind of Lease	Lease No.				
	1	1 West Sawyer (S	an Andres) Kulfi State, Federal of	rree Federal LC 063427				
	Arco	1 11000 00, 02 (0						
	Location							
		4 Manuala	. FEA	West				
	Unit Letter D ; 55	Feet From The NOTTh Line	and 554 Feet From Th	e WEST				
	Line of Section 26 Tow	mahin 9-S Range	37-E , NMPM, Le	ea County				
	Line of Section 20 Tow	nship 3-0 Range	7 1000 100					
	THE PROPERTY OF THE AMERICAL	PER OF OUL AND NATURAL GA	S					
ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which approve	d copy of this form is to be sent)				
	Name of Authorized Transporter of Oil							
	The Permian Corporat	ion	Box 1183, Houston, Texas					
	The remitan ecipotat	singhead Gas or Dry Gas	Address (Give address to which approve	d copy of this form is to be sent)				
	Name of Authorized Transporter of Cas	inghedd Gds of Dry Gds	, reduced to the second					
	None designated							
	Mone designation	Unit Sec. Twp. P.ge.	Is gas actually connected? When					
	If well produces oil or liquids,	10	1					
	give location of tanks.	D 26 9S 37E	No					
		<u> </u>		-				
	Techie production is commingled with	th that from any other lease or pool,	give commingling order number:					
11/	COMPLETION DATA	·		Plug Back Same Restv. Diff. Restv.				
14	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Din. Restv.				
	Designate Type of Completic	$on = (X)$ χ	x	1				
	Designate Type of Complete		l	P.B.T.D.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.				
		3/4/73	5,100'					
	2/16/73		Top Oil/Gas Pay	Tubing Depth				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	- I	· · ·				
	3973.2 Gr	San Andres	4,998'	4,900'				
				Depth Casing Shoe				
	Perforations			5,100'				
	4,998' - 5,022' W/ S	holes		3,100				
	4,555	TURING CASING AND	CEMENTING RECORD					
			DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE						
	12-1/4"	8-5/8''	4001	325sx circulated				
		4-1/2"	5,100'	250sx				
	7-7/8''	4-1/2						
			:	<u> </u>				
		<u> </u>		nd must be caused to as angest too allows.				
•	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load oil o	ing what he ednor to be excess tob gridme				
•	AT WELL	able for this d	epth 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 titet New Oil Nun 10 1 dure	=						
	3/4/73	3/7/73	pump	Choke Size				
	Length of Test	Tubing Pressure	Casing Pressure					
	24 hrs.		Water - Bbls.	Gas-MCF				
	Actual Prod. During Test	Oil-Bbis.		208				
	i	80	10	200				
	l							
	GAS WELL			Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. 1001-MC17D							
	1			Choke Size				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	J., VA. V.				
	range in a rung than the age. but							
	1							
		NCE	OIL CONSERVA	TION COMMISSION				
VI. CERTIFICATE OF COMPLIANCE								
				BBBOVEDQ, 19				
			APPROVED	APPROVED, 13				
	ا هند میشد.	regulations of the defermation gives		· M · · · · ·				
	I hereby certify that the rules and	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						
	I hereby certify that the rules and Commission have been complied	with and that the intermetion gives	BY JA JOSEP					
	I hereby certify that the rules and Commission have been complied above is true and complete to t	he best of my knowledge and belief.	BY JULY					
	I hereby certify that the rules and Commission have been complied above is true and complete to t	with and that the information given he best of my knowledge and belief.		VC 34				
	I hereby certify that the rules and Commission have been complied above is true and complete to t	with and that the information given he best of my knowledge and belief.	TITLE					
	Commission have been complied above is true and complete to t	he best of my knowledge and belief.	TITLE to be filed in	compliance with RULE 1104.				
	Commission have been complied above is true and complete to t	he best of my knowledge and belief.	TITLE This form is to be filed in	compliance with RULE 1104.				
	Commission have been complied above is true and complete to t	he best of my knowledge and belief.	This form is to be filed in If this is a request for allow	compliance with RULE 1104.				
	Commission have been complied above is true and complete to t	he best of my knowledge and belief.	TITLE This form is to be filed in If this is a request for allowell, this form must be accompany to the control of the well in accompany.	compliance with RULE 1104. wable for a newly drilled or deepened inied by a tabulation of the deviation rdance with RULE 111.				
	Commission have been compiled above is true and complete to to	he best of my knowledge and belief.	TITLE This form is to be filed in If this is a request for allowell, this form must be accompany to the control of the well in accompany.	compliance with RULE 1104. wable for a newly drilled or deepened inied by a tabulation of the deviation rdance with RULE 111.				
	Commission have been compiled above is true and complete to to the complete to	he best of my knowledge and belief.	TITLE This form is to be filed in If this is a request for allowell, this form must be accompany to the control of the well in accompany.	compliance with RULE 1104. wable for a newly drilled or deepened inied by a tabulation of the deviation rdance with RULE 111. ist be filled out completely for allow				

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.