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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

I. Operator
Meadco Properties, Ltd.

Address
407 West Wall St., Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	ANY OIL HAS BEEN PLACED IN THE POOL
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	DEPOTED BELOW IF YOU DO NOT LAUNDRY
		Dry Gas	<input type="checkbox"/>	IN THIS OFFICE.
		Condensate	<input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell "H" State	Well No. 1	Pool Name, including Formation Undesignated R-4106	Kind of Lease State, Federal or Fee State	Lease No. K-3027
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Location

Unit Letter A ; 554 Feet From The North Line and 554 Feet From The East

Line of Section 8 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, TX 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 74102			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 8	Twp. 12S	Rge. 33E
	Is gas actually connected?		When	
	No		within 30 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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11/15/70	Date Compl. Ready to Prod. 12/27/70	Total Depth 10,200'	P.B.T.D. 10,191'					
Elevations (DF, RKB, RT, GR, etc.) 4260 GR	Name of Producing Formation Upper & Lower Penn	Top Oil/Gas Pay 9333	Taking Depth 9316					
Perforations 9333, 46, 9405, 04, 02, 27, 76, 77, 81, 9564, 65, 96, 98, 99, 9602, 17, 18, 19, 22, 46, 9888, 90, 10,152, 10153			Depth Casing Shoe 10,191'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½"	12-3/4"		387'		375xx			
11"	8-5/8"		3,760'		500xx			
7-7/8"	4-1/2"		10,191'		500xx			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks 12/27/70	Date of Test 12/28/70	Producing Method (Flow, pump, gas lift, etc.) Pumping - Hydraulic	
Length of Test 24 hrs.	Tubing Pressure 2200 - pumping	Casing Pressure 50 psig	Choke Size none
Actual Prod. During Test	Oil - Bbls. 376	Water - Bbls. 420	Gas - MCF 496

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.

Warren D. Roach
(Signature)
Warren D. Roach, Petroleum Engineer
(Title)
12/30/70
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 30 1970, 19____

BY [Signature]

TITLE CHIEF OF FIELD

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.