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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
JAN 2 11 50 AM '70

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator McGrath & Smith, Inc.	
Address 418 Bldg. of Southwest, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Re-entry <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Formerly Magnolia Petroleum Co. Capps Federal #5	

If change of ownership give name and address of previous owner  
Magnolia Petroleum Co., Box 633, Midland, Texas 79701

I. DESCRIPTION OF WELL AND LEASE			
Lease Name Federal A-13	Well No. Pool Name, Including Formation 3 Bough Permo Penn	Kind of Lease State, Federal or Fee Federal	Lease No. NM0450847
Location Unit Letter P 660 Feet From The South Line and 660 Feet From The East Line of Section 13 Township 9-S Range 35-E, NMPM, Lea County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Okla.					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 13	Twp. 9-S	Rge. 35-E	Is gas actually connected? No	When 1 Week

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

III. 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 11-29-69	Date Compl. Ready to Prod. 12-24-69	Total Depth 9665	P.B.T.D. 9636
Elevations (DF, RKB, RT, GR, etc.) GL 4098, KB 4110	Name of Producing Formation Bough C	Top Oil/Gas Pay 9610	Tubing Depth 9563
Perforations 9625-9633'	Depth Casing Shoe 9665		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Unknown	10-3/4	32,75	400 Sx. Circ.
Unknown	7-5/8	24,26,40	1790 Sx. Circ.
6-3/4	5 1/2 - liner	17	450 Sx.


IV. 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 12-24-69	Date of Test 12-26-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 144	Water-Bbls. 412	Gas-MCF 115

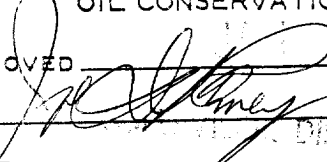
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

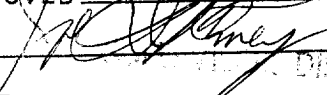
VI. CERTIFICATE OF COMPLIANCE

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)  
Sup't.  
(Title)  
December 30, 1969  
(Date)

OIL CONSERVATION COMMISSION

APPROVED  1970, 19\_\_\_\_

BY 

TITLE \_\_\_\_\_

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.