## NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE FILE AND u.s.g.s. AUTHORIZATION TO TRANSPORT CHE AND NATURAL GAS LAND OFFICE 11 43 M 'SB OIL TRANSPORTER GAS PRORATION OFFICE Operator McGrath & Smith, Inc Ad iress 310 West Texas Suite 418 Midland, Texas Other (Please explain) Reason(s) for filing (Check proper box) X To designate Transporter of Oil & Change in Transporter of: New Well Recompletion Oti Dry Gas Request Allowable Change in Cwnership Condensate Casinghead Gas If change of ownership give name and address of previous owner\_ II. DESCRIPTION OF WELL AND LEASE Well No.: Pool Name, Including Formation Lease No. State, Federal or Fee Huber State K 6231 1 Lazy J - Penn Location 1980 Feet From The North Line and 1650 Unit Letter \_\_\_ G Feet From The East ee33E , NMFM, Township 14S Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P. O. Box 1510 Midland, Texas Texas New Mexico Pipe Line Co Name of Authorized Transporter of Casinghead Gas or Dry Gas Addres Warren Petroleum Corp. P. O. Box 1589 Tulsa, Oklahoma Sec. Twp. is gas actually connected? P.ge. If well produces oil or liquids, give location of tanks.

**6** 2 14S | 33E Not Yet As soon as possible If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_ IV. COMPLETION DATA Plug Back Same Resty. Diff. Resty. Workover Oil Well Designate Type of Completion -(X)Date Compi. Ready to Prod. Total Depth. P.B.T.D. Date Spudded 10182 5-22-68 7-15-68 10243 Tubing Desth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 9746 98<u>66</u> GL 4197 KB 4209 Penn Depth Casing Snoe 10226 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 375 13-3/8 391 17월 4217 400 11 8-5/8 10226 600 7-7/8 5월

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date of Test Producing Nothod (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Flow 7-15-68 7-16-68 Choke Size Cosing Pressure Length of Test Tubing Pressure 24 nrs. 380 Pkr 16/64 Water - Bbin. Actual Prog. During Test Oil - Bbls. 453 312

GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Concensate/MMCF	Gravity of Condensate			
	1	i •	i e			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
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## 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.

4 hachen		
<del></del>	(Signature)	
Engineer		
July 17, 1968	(Title)	
	(Date)	

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State

County

APPROVED	19 _	
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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 117.

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