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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

Operator McGrath & Smith, Inc.	
Address 418 Building of the Southwest, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Re-entry of J. R. Sharp #1
Recompletion <input type="checkbox"/>	Yeckel
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

Lease Name Federal 13		Well No. 1	Pool Name, including Formation Bough Permian Penn	Kind of Lease State, Federal or Fee Federal	Lease No. NM0149958
Location					
Unit Letter D	660'	Feet From The N	Line and 660'	Feet From The W	
Line of Section 13	Township 9-S	Range 35-E	, NMPM, Lea		County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil Corp. trucks	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	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 13	Twp. 9S	Rge. 35E	Is gas actually connected? No	When 10 Days

If this production is commingled with that from any other lease or pool, give commingling order number: No

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 12-28-69	Date Compl. Ready to Prod. 1-19-70	Total Depth 9615	P.B.T.D. 9612					
Elevations (DF, RKB, RT, CR, etc.) GL 4120 KB 4133	Name of Producing Formation Bough C	Top Oil/Gas Pay 9585	Tubing Depth 9586					
Perforations 9585-9597	9601-9605	Depth Casing Shoe 9615						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8	375		350 Circ.				
12 1/2	9 5/8	4133		1900 Circ.				
8 3/4	7	9615		1790 Circ.				

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 1-19-70	Date of Test 1-21-70	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 375	Casing Pressure PKR	Choke Size 28/64
Actual Prod. During Test	Oil-Bbls. 150	Water-Bbls. 50	Gas-MCF 225

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

I. 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.

J. B. Taylor (Signature)
Sup't.
(Title)
1-21-70
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY [Signature]

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.