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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 Bldg. of Southwest, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
New lease	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal A-13	Well No. 2	Pool Name, Including Formation Bough Permo Penn	Kind of Lease State, Federal or Fee Federal	Lease No. NM0450847
Location Unit Letter M ; 660 Feet From The West Line and 990 Feet From The South Line of Section 13 Township 9-S Range 35-E , 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"/> Mobil Oil Corp. - Truck	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, Texas 75221					
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, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 13	Twp. 9S	Rge. 35E	Is gas actually connected? No	When About 2 weeks

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

V. 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.
	X		X		Re-Entry	9614		
Date Spudded 11-22-69	Date Compl. Ready to Prod. 11-28-69		Total Depth 9625		P.B.T.D. 9614			
Elevations (DF, RKB, RT, GR, etc.) GL 4114, KB 4126	Name of Producing Formation Bough C		Top Oil/Gas Pay 9590		Tubing Depth 9569			
Perforations 9594'-9608'					Depth Casing Shoe 9625			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
?	10-3/4		434		400			
?	7-5/8		4160		1800			
6-3/4	5 1/2 liner		3877-9625		460			

V. 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)

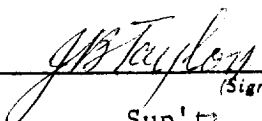
Date First New Oil Run To Tanks 11-28-69	Date of Test 11-29-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 14	Tubing Pressure 350	Casing Pressure Pkr.	Choke Size 18/64
Actual Prod. During Test	Oil-Bbls. 296	Water-Bbls. 200	Gas-MCF 565

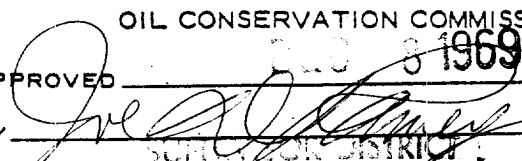

GAS WELL

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 1, 1969
(Date)

OIL CONSERVATION COMMISSION
APPROVED  1969, 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.