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I.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 Bldg. of Southwest, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> Re-Entry	Re-Entry of Mobil-Mathew Federal #1
Recompletion <input type="checkbox"/>	
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

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name		1	Bough Permo Penn	State, Federal or Fee Federal	NM0450847
Location					
Unit Letter C	660	Feet From The North	Line and	1980	Feet From The West
Line of Section 13	Township 9-S	Range 35-E	NMPM,	Lea	County

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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P.O. Box 900, Dallas, Texas 75221				
Mobil Pipeline Co.		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		P.O. Box 1589, Tulsa, Oklahoma 74102				
Warren Petroleum Corporation						
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 13	Twp. 9-S	Rge. 35-E	Is gas actually connected? No	When Two Weeks

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Designate Type of Completion - (X)		X			Re-Entry				
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
11-12-69	11-27-69	12814		9615					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
GL 4114, KB 4127	Bough "C"	9596		9582					
Perforations				Depth Casing Shoe					
Open Hole	9597-9615			9597					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17½	13-3/8	359		350 Sx.					
12½	9-5/8	4410		2879 Sx.					
8-3/4	7"	1726-9597		1650 Sx.					
	2-7/8	9582		None					


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)

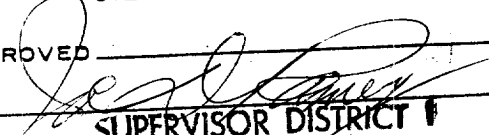
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-27-69	12-5-69	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	500	Pkr.	22/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	145	170	271

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
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)
12-8-69
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY 
SUPERVISOR DISTRICT I
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.