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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 Bank of Southwest Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
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 type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 36	Lease No. OG2392	Well No. 1	Pool Name, Including Formation INBE Permo-Penn R-3411	Kind of Lease State, Federal or Free State
Location Unit Letter N ; 1980 Feet From The West Line and 660' Feet From The South Line of Section 36 Township 10-S Range 33-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"/> Pan American Petroleum Corp. - Trucks	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1725 Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None Yet	Address (Give address to which approved copy of this form is to be sent) -----					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 36	Twp. 10S	Rge. 38E	Is gas actually connected? Not Yet	When As Soon As PL will connect

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

IV. 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 3-9-68	Date Compl. Ready to Prod. April 14, 1968		Total Depth 9960'		P.B.T.D. 9938'			
Elevations (DF, RKB, RT, GR, etc.) GL 4206 KB 4218	Name of Producing Formation Permo-Penn		Top Oil/Gas Pay 9906'		Tubing Depth 9922'			
Perforations 9910-20	20 Holes				Depth Casing Shoe 9960'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13-3/8		370'		425			
11	8-5/8		3963'		450			
7-7/8	5 1/2		9960		400			

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 4-14-68	Date of Test 4-17-68	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 22 hrs.	Tubing Pressure 370	Casing Pressure Pkr.	Choke Size 18/64
Actual Prod. During Test	Oil-Bbls. 306	Water-Bbls. 2.5	Gas-MCF 256

GAS WELL

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

J. H. Taylor
(Signature)
Engineer
(Title)
April 19, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Joe Spawey
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.