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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
HUBBS OFFICE OF C. C.
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 31 11 42 AM '67

I.

Operator McGrath & Smith, Inc.	
Address 726 Vaughn Bldg., Midland, Texas	
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"/>
Other (Please explain)	

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

II. DESCRIPTION OF WELL AND LEASE

UNDESIGNATED

Chaveroo-San Andres R-3205

Lease Name Chaveroo B State	Well No. 1	Pool Name, Including Formation Chaveroo San Andres 1/L	Kind of Lease State, Federal or Fee State	Lease No. K 3933
Location				
Unit Letter K, 1980 Feet From The W Line and 1980 Feet From The S				
Line of Section 31 Township 7S Range 33E, NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	P.O. Box 3119, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
none	-----					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 31	Twp. 7S	Rge. 33E	Is gas actually connected? No	When ---

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

IV. 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.
Date Spudded Dec. 5, 1966	Date Compl. Ready to Prod. Jan. 24, 1967		Total Depth 4336		P.B.T.D. 4320			
Elevations (DF, RKB, RT, GR, etc.) KB 4467 GL 4457	Name of Producing Formation San Andres		Top Oil/Gas Pay 4271		Tubing Depth 4301			
Perforations 4272, 75, 76, 77, 80, 87, 88, 89, 91, 92, 93, 94, 95, 97, 98, 99, 4300					Depth Casing Shoe 4336			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		373		190			
7 7/8	4 1/2		4336		200			

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 Jan. 24, 1967	Date of Test Jan. 27, 1967	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 20	Casing Pressure 20	Choke Size ---
Actual Prod. During Test 70	Oil-Bbls. 70	Water-Bbls. 7	Gas-MCF 61.5

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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)
Engineer

(Title)
Jan. 30, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 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 V 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.