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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 Bldg. of Southwest, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Filed to authorize transportation of oil and gas. Completion filed on Form 9-330 this date.
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

Lease Name Alcorn Federal	Well No. 1	Pool Name, Including Formation Undesignated Oada-Pennsylvanian A-3895	Kind of Lease State, Federal or Fee Federal	Lease No. NM053510
Location				
Unit Letter N	660	Feet From The South	Line and 1980	Feet From The West
Line of Section 26	Township 8-S	Range 35-E	, NMPM, Roosevelt County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Mobil Oil Corp.-Trucks	P.O. Box 900, Dallas, Texas 75221					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corp.	P.O. Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 26	Twp. 8-S	Rge. 35-E	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: ---

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 8-6-69	Date Compl. Ready to Prod. 10-20-'69		Total Depth 9802		P.B.T.D. 9791			
Elevations (DF, RKB, RT, GR, etc.) GL 4171, KB 4182	Name of Producing Formation Penn (Bough C)		Top Oil/Gas Pay 9738		Tubing Depth 9761			
Perforations 9738-40, 9744-60					Depth Casing Shoe 9802			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½	13-3/8		380		375 Sx.			
11	8-5/8		4097		500 Sx.			
7-7/8	5½		9802		400 Sx.			

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)

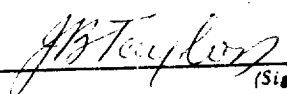
Date First New Oil Run To Tanks 10-20-'69	Date of Test 10-22-'69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 22 hours	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil-Bbls. 187	Water-Bbls. 92	Gas-MCF 206

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

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)

October 23, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.