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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

I. OPERATOR
 Operator: McGRATH & SMITH, INC.
 Address: 418 Bldg. of Southwest, Midland, Texas 79701
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain): THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

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

II. DESCRIPTION OF WELL AND LEASE Vadon Perm R-3846 160
 Lease Name: Carter Well No.: 1 Pool Name, Including Formation: Undesignated Kind of Lease: Fee Lease No.: _____
 Location:
 Unit Letter N 660 Feet From The South Line and 1900 Feet From The West
 Line of Section: 25 Township 8-S Range 35-E , NMPM, Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Mobil Oil Corp. - Trucks 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 or Dry Gas
Warren Petroleum Address (Give address to which approved copy of this form is to be sent): P. O. Box 1589 Tulsa, Okla. 74102
 If well produces oil or liquids, give location of tanks. Unit N Sec. 25 Twp. 8-S Rge. 35-E Is gas actually connected? No When 2 Weeks

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 <u>9-11-69</u>	Date Compl. Ready to Prod. <u>11-9-69</u>		Total Depth <u>9834</u>		P.B.T.D. <u>9822</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>GL 4155, KB 4166</u>	Name of Producing Formation <u>Bough C</u>		Top Oil/Gas Pay <u>9772</u>		Tubing Depth <u>9773</u>			
Perforations <u>9778-82, 9787-99</u>					Depth Casing Shoe <u>9834</u>			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17½</u>	<u>13-3/8</u>	<u>375</u>	<u>375</u>
<u>11</u>	<u>8-5/8</u>	<u>4196</u>	<u>500</u>
<u>7-7/8</u>	<u>5½</u>	<u>9834</u>	<u>450</u>

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 <u>11-9-69</u>	Date of Test <u>11-12-69</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>- -</u>	Casing Pressure <u>- -</u>	Choke Size <u>- -</u>
Actual Prod. During Test	Oil - Bbls. <u>372</u>	Water - Bbls. <u>605</u>	Gas - MCF <u>209</u>

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.
J. B. Staylor
 (Signature)
 Superintendent
 (Title)
 November 13, 1969
 (Date)

OIL CONSERVATION COMMISSION
NOV 14 1969
 APPROVED _____, 19____
 BY J. B. Staylor
 TITLE SUPERVISOR DISTRICT
 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