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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"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carter	Well No. 1	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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?		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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-11-69	Date Compl. Ready to Prod. 11-9-69	Total Depth 9834		P.B.T.D. 9822					
Elevations (DF, RKB, RT, GR, etc., GL 4155, KB 4166	Name of Producing Formation Bough C		Top Oil/Gas Pay 9772		Tubing Depth 9773				
Perforations 9778-82, 9787-99				Depth Casing Shoe 9834					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17½	13-3/8		375		375				
11	8-5/8		4196		500				
7-7/8	5½		9834		450				

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

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. Taylor
(Signature)
Superintendent
(Title)
November 13, 1969
(Date)

OIL CONSERVATION COMMISSION NOV 14 1969	
APPROVED	19
BY	
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	