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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 Building of Southwest, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" 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 No

DESCRIPTION OF WELL AND LEASE			
Lease Name Baker	Lease No.	Well No. 1	Pool Name, Including Formation Drinkard
Kind of Lease State, Federal or Fee			Fee
Location			
Unit Letter <u>B</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>			
Line of Section <u>26</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> 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)	
Texas New Mexico Pipe Line Co.		P. O. Box 1510 Midland, Texas 79701	
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)	
SKELLY OIL CO.		P. O. Box 1135, Eunice, N. M.	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 26	Twp. 22-S
			Rge. 33-E
Is gas actually connected?		When expect connection by	
no		4-15-69(via Skelly )	

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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X									
Date Spudded 12-7-68	Date Compl. Ready to Prod. 2-3-69	Total Depth 6790		P.B.T.D. 6777					
Elevations (DF, RKB, RT, GR, etc.) GL 3315 KB 3328	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6218		Tubing Depth 6446					
Perforations 6366, 68, 73, 76, 80, 83, 86, 88, 97, 6400, 07, 13, 17, 20		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 6790					
HOLE SIZE 12 1/2-1146", 11"-1221"		CASING & TUBING SIZE 8-5/8		DEPTH SET 1202		SACKS CEMENT 600 sx. circ.			
7-7/8"		4-1/2		6790		700 sx.			
--		2-3/8		6446		--			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.	
<u>JB Taylor</u> (Signature) Engineer (Title) March 25, 1969 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>3 1969</u> , 19	
BY <u>[Signature]</u>	
TITLE <u>SANITATION DISTRICT</u>	
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.	