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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  
McGrath & Smith, Inc.  
Address  
310 West Texas Suite 418, Midland, Texas 79701  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

No

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Baker		1	Drinkard	State, Federal or Fee
Location				Fee
Unit Letter	B	330	Feet From The North Line and 1650	Feet From The East
Line of Section	26	Township	22-S	Range 37-E, NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corp.	P. O. Box 3319, Midland, Texas 79701					
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)					
Skelly Oil Co.	P. O. Box 1135, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	26	22-S	33-E	Not Yet	Approx. 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
12-7-68	2-3-69		6790		6777			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
GL 3315, KB 3328	Drinkard		6218		6446			
Perforations					Depth Casing Shoe			
6366, 68, 73, 76, 80, 83, 86, 88, 97, 6400, 07, 13, 17, 20					6790			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"-1146", 11"-1221"	8-5/8		1202		600 sx. circ.			
7-7/8"	4 1/2		6790		700 sx.			
--	2-3/8		6446		--			

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)

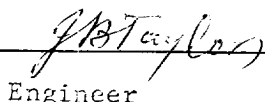
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-3-69	2-4-69	flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	500	725	14/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	62	3	423

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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)

February 6, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

FEB 14 1969

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.