5. OF COPIES RECEIVED		l	
DISTRIBUTION			
ANTA FE			4.
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION ANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS	REQUEST	DISERVATION COMMISSION FOR ALLOWABLE BAND FOR BUILDING OF BUILDING	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS	
	PRORATION OFFICE				
" -	Operator				
	McGrath & Smith, Inc.				
ſ	Address				
-	418 Building of Southwe Reason(s) for filing (Check proper box)	st, Midland, Texas 7970) 1 Other (Please explain)		
	New We!1	Change in Transporter of:	Omer (1 tease explain)		
	Recompletion	Oil Dry Gas	s 🔲		
1	Change in Ownership	Casinghead Gas X Conden	sate		
	if change of ownership give name and address of previous owner				
II. [DESCRIPTION OF WELL AND I	Lease No. Well No. Pool Nam	ne, Including Formation	Kind of Lease	
	Betenbough	1 Bou	igh Permo Penn	State, Federal or Fee Fee	
Ī	Location			-	
	Unit Letter N; 66	Feet From The S Line	e and 1980 Feet From T	he West	
		nship 9-S Range	35-E , NMPM, Lea	County	
Ļ	Line of Section 12 Town	nship 9-8 Range	33-E, FRINK Lea		
П. Т	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv		
į	Mobil Pipe Line Co.	Mobil Pipe Line Co. P. O.Box 900 Dallas, Texas 75221 Name of Authorized Transcorter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
İ	Name of Authorized Transporter of Cas. Warren Petroleum Corpo		1	lsa, Oklahoma 74102	
}		Unit Sec. Twp. Rge.	Is gas actually connected? Whe		
	If well produces oil or liquids, give location of tanks.	N 12 9-S 35-E	Yes	May 6, 1969	
į,	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA			Plug Book Same Res'v. Diff. Res'v.	
	Designate Type of Completio	$n \rightarrow (X)$ Gas Well	1		
	Date Spudded	Date Compl. Ready to Prod.	X re-ent	P.B.T.D.	
	2-28-69	4-5-69	9638		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top/Oil/Gas Pay	Tubing Depth	
	4128 DF	Bough C	9611	9530	
	Perforations		<i>f</i> .	Depth Casing Shoe	
	Open Hole 9605-38	2-3/8 Tbg. set at 9530	O'	9606	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	17½	13-3/8	353	350	
	12½	9-5/8	4438	2300	
	8-3/4	7"	2666 to 9606	1939	
	7	5"	9585	35	
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
	OII. WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Klow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gan-MCF	
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 COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVED	<u> </u>	
			Violetia		
	above is true and complete to the	e best of my knowledge and belief.	BY	ner -	
			TITUE		
			10 / /	The state of the s	

VI.

April 18, 1969

Morkon		
- ADTELLICION	(Signature)	
Éngineer		
	(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.