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EW MEXICO OIL CONSERVATION COMMISSIC... REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FILE		AND	Fliective 1-1-03
u.s.g.s.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL G	AS
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
McGrath & Smith, Inc.			
418 Building of South	west, Midland, Texas 79	701	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New We!l	Change in Transporter of: Oil Dry Gas		
Recompletion Characteristic	Casinghead Gas Condens	ate	
Change in Ownership			
f change of ownership give name nd address of previous owner			
DESCRIPTION OF WELL AND I	LEASE Lease No. Well No. Pool Name	e, Including Formation	Kind of Lease
Lease Name	1 Bou		State, Federal or Fee Fee
Betenbough	1 Bed	Bii Ioimo Ioim	
Unit Letter N ; 660) Feet From The S Line	and 1980 Feet From	The West
OM Letter		_	G
Line of Section 12 Tov	vnship 9-S Range 35	-E , NMPM, Le	ea
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S C L L L L L L L L L L L L L L L L L L	and conv of this form is to be sent!
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	
Mobil Pipeline Co.		P. O. Box 900 Dallas. Address (Give address to which appro-	Texas 75221 med copy of this form is to be sent)
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give dutiess to which appro	see copy of which
Not known yet	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	nen
If well produces oil or liquids, give location of tanks.	N 12 9-S 35-E	1	s soon as possible
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool, a	give comminging order names.	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Designate Type of Completion	on – (X) X	X re-en	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-28 - 69	4-5-69	9638 Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	9611	9530
4128 DF	Bough C	9011	Depth Casing Shoe
Open hole 9605-38	2-3/8 Tbg. set at 953	301	9606
open 110 20 100 3	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
175	13-3/8	353	350
124	9-5/8	4438	2300
8-3/4	7"	2666 to 9606	1939
7	5"	9585	35
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load of pth or be for full 24 hours)	il and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
4-5-69	4-7-69	flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	650	Pkr.	24/64
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	156	30	299
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Choke Saze
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Sake
CERTIFICATE OF COMPLIAN	NCE	OIL CONSER	ATION COMMISSION
CERTIFICATE OF COMPENS	102		The Date of the Control of the Contr
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.		APPROVED BY	
		TITLE	
		This form is to be filed i	n compliance with RULE 1104.
Markon		1	owable for a newly drilled or deepened
R TAVIOR (Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
a. B. YAYLOR Engineer		All sections of this form must be filled out completely for allow-	
(Title)		able on new and recompleted	wells.
April 11, 1969	Date)	well name or number, or transp	orten or other such change of condition

(Date)

Separate Forms C-104 must be filed for each pool in multiply completed wells.