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TRANSPORTER	OIL	
	GAS	
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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)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input 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) Re-entry	

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

DESCRIPTION OF WELL AND LEASE				
Lease Name Betenbough	Well No. 3	Pool Name, including Formation Bough Permo Penn	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>12</u> Township <u>9-S</u> Range <u>35-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) Mobil Pipe Line Co. P.O. Box 900, Dallas, Texas					
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) Warren Petroleum P.O. Box 1589, Tulsa, Okla 74102					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 12	Twp. 9-S	Rge. 35-E	Is gas actually connected? Yes	When 5-8-69

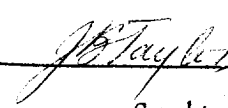
If this production is commingled with that from any other lease or pool, give commingling order number: _____

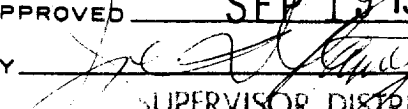
COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 8-28-69	Date Compl. Ready to Prod. 9-15-69	Total Depth 9650'	P.B.T.D. 9630'
Elevations (DF, RKB, RT, GR, etc.) GL 4107, KB 4124	Name of Producing Formation Bough C	Top Oil/Gas Pay 9624'	Tubing Depth 9575'
Perforations Open hole 9624'-9630'	Depth Casing Shoe 9624'		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13-3/8"	DEPTH SET 440'	SACKS CEMENT 500 Circ.
?	7-5/8"	4307'	2015 Circ.
6-3/4"	Liner 5 1/2 x-line	4205'-9624'	1350 Circ.

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 8-15-69	Date of Test 8-15-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 220	Casing Pressure Pkr.	Choke Size 30/64
Actual Prod. During Test	Oil-Bbls. 225	Water-Bbls. 175	Gas-MCF 427

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

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.	
 Sup't. (Signature)	
9-15-69 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	SEP 19 1969
BY	
TITLE	SUPERVISOR DISTRICT I
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.	