

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS
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 <i>Tenneco oil Company</i>	
Address <i>Box 1031, Midland, Texas 79701</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<i>Re-entry of P+A well</i>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Betenbough "B"</i>	Lease No.	Well No. <i>1</i>	Pool Name, including Formation <i>Bough (Permian Penn)</i>	Kind of Lease State, Federal or Fee <i>Fee</i>
Location				
Unit Letter <i>A</i>	<i>660</i>	Feet From The <i>north</i> Line and	<i>460</i>	Feet From The <i>east</i>
Line of Section <i>14</i>	Township <i>9-S</i>	Range <i>35-E</i>	NMPM, <i>Lea</i>	County

I. 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)					
<i>Mobil oil Corporation</i>	<i>P.O. Box 900, Dallas, Texas 75221</i>					
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)					
If well produces oil or liquids, give location of tanks.	Unit <i>A</i>	Sec. <i>14</i>	Twp. <i>9-S</i>	Rge. <i>35-E</i>	Is gas actually connected? <i>no</i>	When <i>near future</i>

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

I. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <i>9-30-49</i>	Date Compl. Ready to Prod. <i>1-18-50</i>	Total Depth <i>9659</i>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <i>4120 GR</i>	Name of Producing Formation <i>Bough "C" Penn</i>	Top Oil/Gas Pay <i>9634</i>	Tubing Depth <i>9608</i>					
Perforations <i>open hole</i>	<i>9638 - 9659</i>	Depth Casing Shoe <i>9638</i>						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<i>17 1/2</i>	<i>13 3/8</i>	<i>372</i>	<i>350 AL</i>					
<i>12 1/4</i>	<i>9 5/8</i>	<i>4429</i>	<i>1500 AL</i>					
<i>8 3/4</i>	<i>7</i>	<i>9638</i>	<i>1810 AL</i>					

I. 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 <i>7-12-69</i>	Date of Test <i>7-12-69</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <i>1417</i>	Oil-Bbls. <i>177</i>	Water-Bbls. <i>1240</i>	Gas-MCF <i>16.8</i>

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

I. 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.

S.E. Smith
(Signature)
As Prod. Clerk
(Title)
7-14-69
(Date)

OIL CONSERVATION COMMISSION

APPROVED *JUL 16 1969*, 19
BY *John W. Ryan*
TITLE *Geologist*

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.