

STATE OF NEW MEXICO
NATURAL RESOURCES DEPARTMENT
OIL AND GAS DIVISION
SANTA FE
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BETA DEVELOPMENT COMPANY

Address
238 Petroleum Plaza, Farmington, NM 87401

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Workover- hasn't produced in 9 yrs.

DESCRIPTION OF WELL AND LEASE
Lease Name: Holloway Federal "B"
Well No.: 4
Pool Name, Including Formation: Basin Dakota
Kind of Lease: State, Federal or Fee Fed.
Lease No.: 1070-04
Location:
Unit Letter: I
Feet From The: 1850 South Line and 790 Feet From The East
Line of Section: 6 Township: 26N Range: 11W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Permian Corp.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1183 Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
El Paso Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 990 Farmington, NM 87499
Well produces oil or liquids, live location of tanks.
Unit: I Sec.: 6 Twp.: 26N Rge.: 11W
Is gas actually connected? Yes When: 2-4-87

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 ☒ Gas Well ☒ New Well ☐ Workover ☒ Deepen ☐ Plug Back ☐ Same Res'v. ☒ Diff. Res'v. ☐
Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:
Elevations (DF, RKB, RT, CR, etc.): 6124' GL Name of Producing Formation: Dakota Top Oil/Gas Pay: 6140 Tubing Depth: 6085
Elevations: 6140-6154 Depth Casing Shoe: 6245

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE: CASING & TUBING SIZE: DEPTH SET: SACKS CEMENT:
FEB 09 1987
OIL CON. DIV.
DIST. 8

TEST DATA AND REQUEST FOR ALLOWABLE
L WELL
(Test must be after recovery of total volume of liquid and must be equal to or exceed top allowable for this depth or be for full 24 hours)
Date of First New Oil Run To Tanks: Date of Test: Producing Method (Flow, pump, gas lift, etc.):
Length of Test: Tubing Pressure: Casing Pressure: Choke Size:
Actual Prod. During Test: Oil-Bbls.: Water-Bbls.: Gas-MCF:

IS WELL
Actual Prod. Test-MCF/D: Length of Test: Bbls. Condensate/MMCF: Gravity of Condensate:
Test 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 Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.
Roberta Paschall
(Signature)
Prod. Clerk
(Title)
2-4-87

OIL CONSERVATION DIVISION
FEB 09 1987
APPROVED: Frank J. [Signature]
BY: SUPERVISOR DISTRICT 8
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, transporter or other such change of conditions.