

DEPARTMENT	
OFFICE	
TRANSPORTER	
PRODUCER	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Beta Development Co.

238 PETroleum Plaza, Farmington, NM 87401

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
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 checked="" type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Tibbar Federal	1	Basin Dakota	State, Federal or Fee Federal	1570-01
Location				
Unit Letter	E	1850 Feet From The North Line and 790 Feet From The West		
Line of Section	13	Township 26N	Range 9W	NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P. O. Box 1183 Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P. O. Box 990 Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If 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.					
Observations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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)

Time First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Amount Prod. During Test	Oil-Bbls.	Water-Bbls.

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Amount Prod. Test-MCF/D	Length-of Test	Bbls. Condensate/MMCF	Choke Size
Producing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	

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)  
Production Clerk  
(Title)  
March 28, 1984

OIL CONSERVATION DIVISION

APPROVED *Frank J. [Signature]*, 19  
BY *Frank J. [Signature]*  
TITLE SUPERVISOR DISTRICT # 3

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.