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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
3-00C, 1-HL, 1-K, 1-L, 1-M, 1-N, 1-O, 1-P, 1-Q, 1-R, 1-S, 1-T, 1-U, 1-V, 1-W, 1-X, 1-Y, 1-Z  
1-F  
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

I. **Operator** **Beta Development Co.**  
**Address** **234 Petr. Club Plaza, Farmington, N. M.**  
**Reason(s) for filing (check proper box)**  
☒ New Well  
☐ Extension  
☐ Change in ownership  
**Change in Transporter of:**  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
**Other (Please explain)**

If change of ownership give name and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**  
**Lease Name** **Tibber Federal** **Well No.** **1** **Pool Name, including Formation** **Basin Dakota** **Kind of Lease** **Federal**  
**State, Federal or Free** **NM-09840**  
**Location** **E 1850 North 790 West**  
**Quarter Section** **13** **Township** **26N** **Range** **9W** **San Juan** **County**

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
**Name of Authorized Transporter of Oil or Condensate** **Lamar Trucking Co. Inc.** **Address (Give address to which approved copy of this form is to be sent)** **PO Box 1528, Farmington, N. M.**  
**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)** **PO Box 990, Farmington, N. M.**  
**If well produces oil or liquids, give location of tanks.** **E 13 26N 9W** **Is gas actually connected?** **No** **When waiting on pipeline connection**

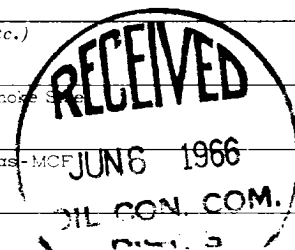
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. **COMPLETION DATA**  
**Designate Type of Completion - (X)** **Oil Well** **Gas Well** **New Well** **Workover** **Deepen** **Plug Back** **Same Res'v.** **Diff. Res'v.**  
**Date Completed** **5-3-66** **Date Comm. Ready to Prod.** **5-20-66** **Total Depth** **6646'** **P.B. Depth** **CO - 6624'**  
**Pool** **Basin Dakota** **Name of Producing Formation** **Dakota** **Top Oil/Gas Pay** **6368'** **Tubing Depth** **6575'**  
**Perforations** **Depth Casing Shoe**

**TUBING, CASING, AND CEMENTING RECORD**  
**HOLE SIZE** **12-1/4"** **CASING & TUBING SIZE** **8-3/8"** **DEPTH SET** **296'** **SACKS CEMENT** **175 ex**  
**7-7/8"** **4-1/2"** **6646'** **1025 ex**

V. **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	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



**GAS WELL**  
**Actual Prod. Test-MCF/D** **431** **Length of Test** **3 hrs** **Bbls. Condensate/MMCF** **N.A.** **Gravity of Condensate** **N.A.**  
**Testing Method (pitot, back pr.)** **choke** **Tubing Pressure** **371** **Casing Pressure** **1129** **Choke Size** **3/4"**

VI. **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.  
**Original signed by:** **JOHN T. HAMPTON**  
**Manager** (Signature)  
**June 3, 1966** (Date)  
**OIL CONSERVATION COMMISSION**  
**APPROVED** **JUN 6 1966**, 19  
**BY** **Original Signed by Elnery C. Arnold**  
**TITLE** **SUPERVISOR DIST. #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 Sections I, II, III, and VI only 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.