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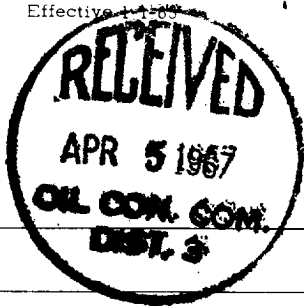
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-59



Operator Beta Development Co.	
Address 234 Petr. Club Plaza, Farmington, N. M.	
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)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Babbitt	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter J	1780 Feet From The South Line and 1695 Feet From The East		
Line of Section 24	Township 26N	Range 9W	NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland Corp	Address (Give address to which approved copy of this form is to be sent) PO Box 1928, Farmington, N.M.		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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.	Unit J	Sec. 24	Twp. 26N
			Rge. 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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 2-18-67	Date Compl. Ready to Prod. 3-15-67		Total Depth 6549'		P.B.T.D. XXXXX CD 6528			
Pool Basin Dakota	Name of Producing Formation Dakota		Top Oil/Gas Pay 6281'		Tubing Depth 6439'			
Perforations 6464-70 w/2 JPF, 6474-78, 6485-89, 6492-96 w/4 JPF, 6281-90, 6295-6301 w/2 JPF, 6308-10, 6314-19, w/4 JPF, 6379-88, 6393-99 w/2 JPF					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		312'		175,ex			
7-7/8"	4-1/2"		6549'		1250 sx			
2" FUE set @ 6439'								

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 3,030	Length of Test 3 hr	Bbls. Condensate/MMCF N.A.	Gravity of Condensate N.A.
Testing Method (pitot, back pr.) Choke	Tubing Pressure 245	Casing Pressure 765	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: D. E. BAXTER (Signature)
Supt. (Title)
3-31-67 (Date)

OIL CONSERVATION COMMISSION	
APPROVED APR 5 1967 , 19	
BY Original Signed by Emery C. Arnold	
TITLE SUPERVISOR DIST. #5	

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.