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5-OCC, 2-Phillips (Wolgast, Cullender)

1-HLKendric, 1-F

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 1-1-65

I.

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 San Juan 29-6 Unit	Well No. 91	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal
			State, Federal or Fee SF-080379-A
Location			
Unit Letter H	1650	Feet From The North	Line and 990
		Feet From The East	
Line of Section 21	Township 29N	Range 6W	NMPM, Rio Arriba 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"/>	Address (Give address to which approved copy of this form is to be sent)		
LaMar Trucking Co.	Box 1528, Farmington, N. M.		
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.	Box 990, Farmington, N. M.		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 21	Twp. 29N
			Rge. 6W
			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: _____

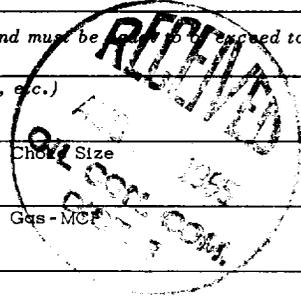
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 6-15-65	Date Compl. Ready to Prod. 7-18-65	Total Depth 7760'	P. XXXX OO 7714'					
Pool Basin Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 7533'	Tubing Depth 7695'					
Perforations 7533-35, 7582-92, 7626-31, 7645-49, 7654-58 & 7677-87			Depth Casing Shoe w/4 JPF					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		309'		175 sx			
7-7/8"	4-1/2"		7762'		610 sx			
2" EUE set @ 7695'								

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be allowed to proceed 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 3,095	Length of Test 3 hrs	Bbls. Condensate/MMCF NA	Gravity of Condensate NA
Testing Method (pilot, back pr.) choke	Tubing Pressure 250	Casing Pressure 948	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

(Signature)

Manager

(Title)

August 5, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 10 1965**, 19

BY **Original Signed Emery 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.

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