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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION OFFICE		

5-OCC, 1-HIKendrick
2-Phillips (Wolcast, Cullender)
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 ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	State
San Juan 29-6 Unit	94	Basin Dakota	State, Federal or Fee	E-289
Location Unit Letter M, 1060 Feet From The South Line and 1190 Feet From The West Line of Section 16, 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 M Sec. 16 Twp. 29N Rge. 6W	Is gas actually connected? No When Waiting on pipeline connection

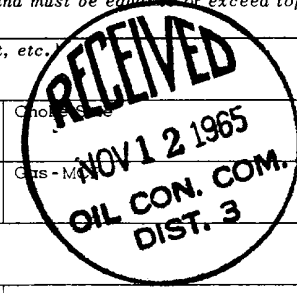
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Pcs'v.
		X	X					
Date Spudded 9-22-65	Date Compl. Ready to Prod. 10-28-65	Total Depth 7800'	XXXXX CO 7790'					
Pool Basin Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 7682'	Tubing Depth 7754'					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	302'	175 sx					
7-7/8"	4-1/2"	7800'	560 sx					
	2" EUE @	7754'						

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 - M



GAS WELL

Actual Prod. Test-MCF/D 2,094	Length of Test 3 hrs	Bbls. Condensate/MMCF N.A.	Gravity of Condensate N.A.
Testing Method (pitot, back pr.) choke	Tubing Pressure 166	Casing Pressure 648	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)

11-9-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 12 1965, 19
BY Original Signed Emery C. Arnold
Supervisor Dist. # 3
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 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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