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

1-HLKendrick

1-F

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. 90 | Pool Name, Including Formation Basin Dakota | Kind of Lease Federal State, Federal or Foreign SF-078278 |
| Location | | | |
| Unit Letter F ; 1850 Feet From The North Line and 1620 Feet From The East | | | |
| Line of Section 15 , 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. | PO 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. | PO Box 990, Farmington, N. M. | | |
| If well produces oil or liquids, give location of tanks. | Unit F | Sec. 15 | 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 5-28-65 | Date Compl. Ready to Prod. 6-23-65 | Total Depth 8148' | | XXXX CO 8123' | | | | |
| Pool Basin Dakota | Name of Producing Formation Dakota | Top Oil/Gas Pay 8024' | | Tubing Depth 8092' | | | | |
| Perforations 8024-36, 8075-79, 8087-89, 8093-96' w/4 JPF 8112-26 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" | | 296' | | 175 sx | | | |
| 7-7/8 | 4-1/2" | | 8148 | | 610 sx | | | |
| 2" EUE set @ 8092.38' | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

| | | | |
|---------------------------------|-----------------|---|------------|
| 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 2,540 | Length of Test 3 hrs | Bbls. Condensate/MMCF NA | Gravity of Condensate NA |
| Testing Method (pitot, back pr.) choke | Tubing Pressure 203 | Casing Pressure 773 | 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)

7-1-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 8 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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