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5-OCC, 1-HLKendrick, 2-Phillips (Wolgast,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

Operator <b>Beta Development Co.</b>	
Address <b>234 Petr.Club Plaza, Farmington, N. M.</b>	
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 <b>San Juan 29-6 Unit</b>	Well No. <b>89</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease <b>Federal</b> State, Federal or Federal NM-012698
Location			
Unit Letter <b>M</b>	<b>980</b>	Feet From The <b>South</b> Line and <b>840</b>	Feet From The <b>West</b>
Line or Section <b>11</b>	Township <b>29N</b>	Range <b>6W</b>	NMPM, <b>Rio Arriba</b> 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"/> <b>LaMar Trucking, Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>PO Box 1528, Farmington, N. M.</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>PO Box 990, Farmington, N. M.</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>11</b>	Twp. <b>29N</b>
		Rge. <b>6W</b>	
		Is gas actually connected? <b>No</b>	When waiting on pipeline connection

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

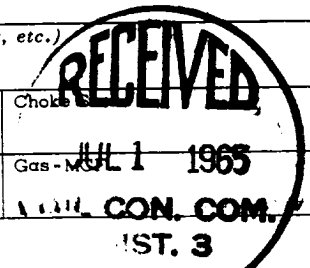
## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
Date Spud'd <b>5-8-65</b>	Date Compl. Ready to Prod. <b>6-18-65</b>	Total Depth <b>7938'</b>	<del>XXXXX</del> <b>CO 7919'</b>					
Pool <b>Basin Dakota</b>	Name of Producing Formation <b>Dakota</b>	Top Oil/Gas Pay <b>7806'</b>	Tubing Depth <b>7892'</b>					
Perforations <b>7851-54, 7882-92 &amp; 7806-16 w/4 JPF</b> <b>7900-12' w/2 JPF</b>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12-1/4</b>	<b>8-5/8</b>	<b>311'</b>	<b>175 sx</b>					
<b>7-7/8"</b>	<b>4-1/2</b>	<b>7937'</b>	<b>610 sx</b>					
<b>2" EUE set @ 7892'</b>								

## 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Mcf



### GAS WELL

Actual Prod. Test-MCF/D <b>4,158</b>	Length of Test <b>3 hr</b>	Bbls. Condensate/MMCF <b>NA</b>	Gravity of Condensate <b>NA</b>
Testing Method (pitot, back pr.) <b>choke</b>	Tubing Pressure <b>335</b>	Casing Pressure <b>1288</b>	Choke Size <b>3/4"</b>

## 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)

**6-30-65**

(Date)

OIL CONSERVATION COMMISSION	
APPROVED <b>JUL 1 1965</b>	, 19
BY <b>Original Signed Emery C. Arnold</b>	
TITLE <b>Supervisor Dist. # 3</b>	

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.