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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PRORATION OFFICE		

5-OCC, 1-HLKendrick

1-TPO NEW MEXICO OIL CONSERVATION COMMISSION

1-P.A. REQUEST FOR ALLOWABLE

2-Texaco (Denver, Farm)

1-F AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-65

INLAND CORPORATION PURCHASED ALL THE ASSETS
OF BOTH LaMAR TRUCKING, INC. AND INLAND CRUDE,
INC. THIS PURCHASE INCLUDED N. M. S. C. C.
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
INLAND CORPORATION.

CLYDE C. LaMAR, PRESIDENT
INLAND CORPORATION

I.

Operator Beta Development Co.	
Address 234 Petr. Club Plaza, Farmington, N. M.	
Reason(s) for filing (Check proper box)	
How Well <input checked="" type="checkbox"/>	Change in Transporter of:
Improvement <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 State Gas Unit "A"	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	State E-3150
Location:				
Unit Letter N	1090	Feet From The South	Line and 1650	Feet From The West
Line of Section 36	Township 31N	Range 12W	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"/>	Address (Give address to which approved copy of this form is to be sent)			
LaMar Trucking, Inc.	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 N	Sec. 36	Twp. 31N	Rge. 12W
Is gas actually connected?		When		
No		Waiting on pipeline connection		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded 12-31-64	Date Compl. Ready to Prod. 2-24-65		Total Depth 6925'		XXXXX CO - 6916'			
Pool Basin Dakota	Name of Producing Formation Dakota		Top Oil/Gas Pay 6766'		Tubing Depth 6830'			
Perforations 6766-76, 6848-49' w/4 JPF 6830-50' w/2JPF					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		310'		175 sx			
7-7/8"	4-1/2"		6925'		1200 sx			
2" EUE @ 6830'								

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 (Flowline, 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 2,331	Length of Test 3 hr	Bbls. Condensate/MMCF N.A.	Gravity of Condensate
Testing Method (pitot, back pr.) Choke	Tubing Pressure 187	Casing Pressure 556	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)

March 10, 1965

(Date)

OIL CONSERVATION COMMISSION

MAR 15 1965

APPROVED

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.