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TRANSPORTER	OIL /	
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OPERATOR	/	
PRORATION OFFICE		

5-OCC, 1-HLKendrick, 1-F

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm 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)	
INLAND CORPORATION PURCHASED ALL THE ASSETS OF BOTH LaMAR TRUCKING, INC. AND INLAND CRUDE, INC. THIS PURCHASE INCLUDED N. M. S. C. PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO INLAND CORPORATION.	
If change of ownership give name and address of previous owner	

CLYDE C. LaMAR, PRESIDENT  
INLAND CORPORATION

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Blanco Wash Federal	3	Basin Dakota	Federal
Location			
Unit Letter	M	840 Feet From The	South Line and 1250 Feet From The West
Line of Section	27	Township	28N Range 9W, 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 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	Sec.	Twp.
	M	27	28N
			9W
Is gas actually connected?	When	Waiting on pipeline connection	
No			

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

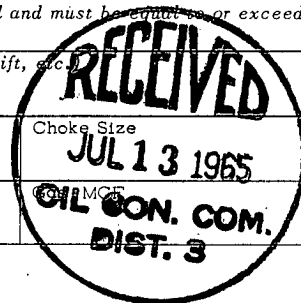
## IV. COMPLETION DATA

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	Date Compl. Ready to Prod.	Total Depth	XXXXXX					
6-3-65	6-28-65	6910'	CO 6905'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Basin Dakota	Dakota	6720'	6894'					
Perforations	6757-74' w/2 JPF; 6720-24, 6856,60, 6876-82 & 6890-98' w/ 4 JPF						Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		305'		175 sx			
7-7/8"	4-1/2"		6910'		1225 Sx			
2" EUE set @		6894'						

## V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equivalent 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

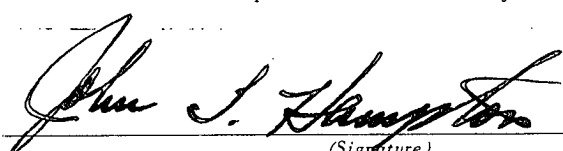


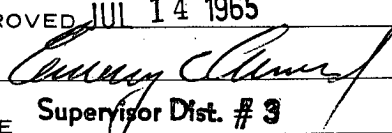
## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
4,183	3 hrs	NA	NA
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
choke	345	1112	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.

  
(Signature)  
Manager  
(Title)  
7-12-65  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED JUL 14 1965  
BY   
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.