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NEW MEXICO OIL CONSERVATION COMMISSION
3-Phillips (Corbett, Santa Fe, New Mexico
1-F (Cullender
REQUEST FOR (OIL) - (GAS) ALLOWABLE

(Form C-104)
Revised 7/1/57

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico (Place) 10-23-64 (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Beta Development Co. San Juan 29 Unit, Well No. **78**, in **NW** 1/4, **SW** 1/4,
 (Company or Operator) (Lease)
 Unit Letter **L**, Sec. **22**, T. **29N**, R. **6W**, NMPM, **Basin Dakota** Pool

Rio Arriba County. Date Spudded **9-2-64** Date Drilling Completed **9-18-64**

Please indicate location: Elevation **6367'** Total Depth **7768'** **sub** **7760'**

Top Oil/Gas Pay **7559'** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **7721-25, 7710-14, 7682-94, 7637-49, 7587-91, 7559-63 w/1 JPF**

Open Hole _____ Depth _____ Depth _____
 Casing Shoe _____ Tubing **7699.49'**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
 Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____
 Method of Testing (pitot, back pressure, etc.): _____
 Test After Acid or Fracture Treatment: **2660** MCF/Day; Hours flowed **3**
 Choke Size **3/4"** Method of Testing: **choke**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **750 gals acid, 20,000 gal. w. 600 gals total wtr.**

Casing Press. **870** Tubing Press. **214** Date first new oil run to tanks _____
 Dist. Transporter **Lamar Trucking Co.**
 Gas Transporter **El Paso Natural Gas Co.**

D	G	B	A
E	F	G	H
L	K	J	I
M	N	O	P

1960/S **1100/W**
 (FOOTAGE)
 Tubing, Casing and Cementing Record

Size	Feet	Size
8-5/8"	289'	175
4-1/2"	7771'	530
2" EVE	7699'	

Remarks: _____



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved... **OCT 28 1964**, 19.....

OIL CONSERVATION COMMISSION
 By: **Original Signed Emery C. Arnold**
 Title **Supervisor Dist. # 3**

(Company or Operator) Original signed by **JOHN T. HAMPTON**
 By: _____ (Signature)
 Title **Manager**
 Send Communications regarding well to:
 Name **Beta Development Co.**
 Address **234 Petr. Club Plaza, Farmington, N.M.**