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OPERATOR		2
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1-100
1-104
1-110

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

I. Operator
Beta Development Co.
Address:
234 Petroleum Club Plaza, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒
Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mime State 36	Well No. 1-3	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Free State
Location Unit Letter D ; 790 Feet From The North Line and 950 Feet From The West Line of Section 36 , Township 30 N Range 11 W , 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"/> La Mar Trucking, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1526, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> INLAND CORPORATION PURCHASED ALL THE ASSETS OF BOTH LAMAR TRUCKING, INC. AND INLAND CORP. INC. THIS PURCHASE INCLUDED N.M.S.C. PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO INLAND CORPORATION.	Address (Give address to which approved copy of this form is to be sent) CLYDE C. LAMAR, PRESIDENT
If well produces oil and gas, give location of tanks	Is gas actually connected? When

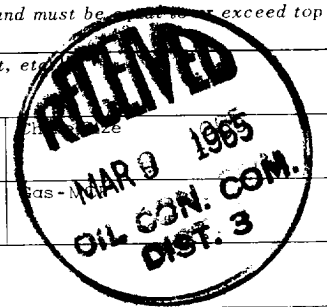
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION

Designate Type of Completion - (X) INLAND CORPORATION		New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
Perforations				Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be at least 24 hours 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	Gas - MCF
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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)

3-8-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 9 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.