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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 **Ruby Jones** **Well No.** **1** **Pool Name, Including Formation** **Basin Dakota** **Kind of Lease** **Federal & Fee**
Location
Unit Letter **G** **Feet From The** **North** **Line and** **1450** **Feet From The** **East**
Line of Section **7** **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 ☐ **or Condensate** ☒
La Mar Trucking, Inc. **Address (Give address to which approved copy of this form is to be sent)**
P.O. Box 1528, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ **or Dry Gas** ☐
INLAND CORPORATION PURCHASED ALL THE ASSETS
OF BOTH La MAR TRUCKING, INC. AND INLAND CRUDE
INC. THIS PURCHASE INCLUDED **Unit, Sec. Twp. Rge.**
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO **Q. M. S7C. 30 N 11 W**
Is gas actually connected? **When**

If this is a commingling order, give commingling order number:

IV. **COMINGLING RECORD**
Designate Type of Completion **Oil Well** **Gas Well** **New Well** **Workover** **Deepen** **Plug Back** **Same Res'v.** **Diff. Res'v.**
CLYDE C. LAMAR, PRESIDENT
INLAND CORPORATION
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 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 Size**
Actual Prod. During Test **Oil-Bbls.** **Water-Bbls.** **Gas-MCF**

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
MAR 9 1965
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.