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LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	
PRORATION OFFICE	

3-OCC, 1-HLKendrick, 1-F

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 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)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "G"	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal State, Federal or Fee SF-078120-A
Location:			
Unit Letter C	990	Feet From The North Line and 1600	Feet From The West
Line of Section 35	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"/> LaMar Trucking, Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 1526, Farmington, N. M.		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, N. M.		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 35	Twp. 31N
		Rge. 12W	Is gas actually connected? No
			When 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 Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 12-6-64	Date Compl. Ready to Prod. 2-17-65	Total Depth 7002'		XXXXX CO - 6974'				
Pool Basin Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 6835'		Tubing Depth				
Perforations 6937-39, 6947-49 & 6955-57 w/2JPF; 6899-6915, 6922-26 w/2JPF; 6835-45 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"		315'		175 ex			
7-7/8"	4-1/2"		7002'		1200 ex			
2" EUE landed @ 6924'								

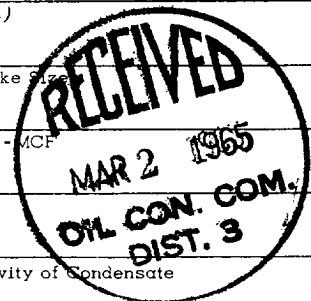
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL.

(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 2,360	Length of Test 3 hr	Bbls. Condensate/MMCF N.A.	Gravity of Condensate
Testing Method (pitot, back pr.) Choke	Tubing Pressure 190	Casing Pressure 538	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.

ATTEST: _____
SECRETARY

(Signature)

Manager

(Title)

March 1, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 2 1965**, 19BY **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.