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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

5-USGS
2-Phillips
(Wolgast, Cullender)
1-H Kendrick, 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

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 San Juan 28-6 Unit	Well No. 120	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal State, Federal or Fee SF-080505-A
Location Unit Letter I ; 1530 Feet From The South Line and 1145 Feet From The East Line of Section 9 , Township 28N Range 6W , NMPM, Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> LaMar Trucking Co.	Address (Give address to which approved copy of this form is to be sent) Box 1528, 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) Box 990, Farmington, N. M.		
If well produces oil or liquids, give location of tanks.	Unit I Sec 9 Twp 28N Rge 6W	Is gas actually connected? No	When waiting on pipeline connection

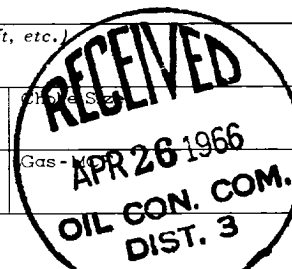
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-7-65	Date Compl. Ready to Prod. 4-7-66		Total Depth 7829'	Depth CO - 7818'				
Pool Basin Dakota	Name of Producing Formation Dakota		Top Oil/Gas Pay 7634'	Tubing Depth 7762'				
Perforations 7634-40, 7716-26, 7756-64, & 7774-84 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"		299'		175 sx		
7-7/8"		4-1/2"		7829'		560 sx		
				2" EUE set @ 7762'				

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-Bbls.



GAS WELL

Actual Prod. Test-MCF/D 3,062	Length of Test 3 hrs	Bbls. Condensate/MMCF N.A.	Gravity of Condensate N.A.
Test Method (pitot, back pr.) choke	Tubing Pressure 245	Casing Pressure 955	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.

Original signed by
JOHN T. HAMPTON

Manager

(Signature)

(Title)

4-25-66

(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 26 1966**, 19

BY **Original Signed by 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.