

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                     |     |
|---------------------|-----|
| COPIES OF THIS FORM |     |
| DISTRIBUTION        |     |
| SALES               |     |
| FILE                |     |
| U.S.                |     |
| LAND OFFICE         |     |
| TRANSPORTER         | OIL |
|                     | GAS |
| OPERATOR            |     |
| REGISTRATION OFFICE |     |
| Operator            |     |

Beta Development Company

Address

238 Petroleum Plaza Farmington, NM 87401

Reason(s) for filing (Check proper box)

|                     |                          |                           |                                     |
|---------------------|--------------------------|---------------------------|-------------------------------------|
| New Well            | <input type="checkbox"/> | Change in Transporter of: |                                     |
| Recompletion        | <input type="checkbox"/> | Oil                       | <input type="checkbox"/>            |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/>            |
|                     |                          | Dry Gas                   | <input type="checkbox"/>            |
|                     |                          | Condensate                | <input checked="" type="checkbox"/> |

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                 |          |                                |                               |                   |
|-----------------|----------|--------------------------------|-------------------------------|-------------------|
| Lease Name      | Well No. | Pool Name, including Formation | Kind of Lease                 | Lease No.         |
| Douthit Federal | 3        | Basin Dakota                   | State, Federal or Fee Federal | 1020-03           |
| Location        |          |                                |                               |                   |
| Unit Letter     | L        | 1850 Feet From The             | South Line and                | 790 Feet From The |
| Line of Section | 26       | Township                       | 27N                           | Range             |
|                 |          |                                | 11W                           | NMPM, San Juan    |
|                 |          |                                |                               | County            |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                             |                                                                          |      |      |      |                            |      |
|-------------------------------------------------------------|--------------------------------------------------------------------------|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil                       | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| Permian Corporation                                         | P. O. Box 1183 Houston, TX 77001                                         |      |      |      |                            |      |
| Name of Authorized Transporter of Casinghead Gas            | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| El Paso Natural Gas Company                                 | P. O. Box 990 Farmington, NM 87401                                       |      |      |      |                            |      |
| If well produces oil or liquids,<br>give location of tanks. | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|                                                             | L                                                                        | 26   | 27N  | 11W  |                            |      |

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

## COMPLETION DATA

|                                    |                             |                 |                   |          |        |           |           |            |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-----------|------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well          | Workover | Deepen | Plug Back | Same Res. | Diff. Res. |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |           |            |
| Deviation (DF, RAB, RT, GR, etc.)  | 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 |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

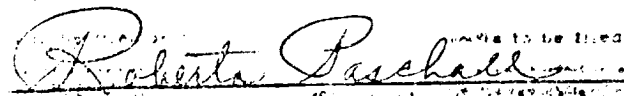
TEST DATA AND REQUEST FOR ALLOWABLE - (Test must be after recovery of total volume of load oil and must be equal to or exceed sp. allow-  
able for this depth or be for full 24 hours)

|                                 |                 |                                               |
|---------------------------------|-----------------|-----------------------------------------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test                  | Tubing Pressure | Casing Pressure                               |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 |
|                                 |                 | Gas - MCF                                     |

## AS WELL

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

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given  
is true and complete to the best of my knowledge and belief.

Production Manager

(Title)

March 28, 1984

(Date)

## OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT #9

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 allow-  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner,  
well name or number, or transporter, or other such change of condition.