

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-70REQUEST FOR ALLOWABLE  
AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
| NO. OF COPIES REQUIRED |     |
| DISTRIBUTION           |     |
| SANTA FE               |     |
| FILE                   |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

Operator

Beta Development Co.

Address

238 Petroleum Plaza, Farmington, NM 87401

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

## DESCRIPTION OF WELL AND LEASE

|                 |          |                                |                       |                                  |
|-----------------|----------|--------------------------------|-----------------------|----------------------------------|
| Lease Name      | Well No. | Pool Name, Including Formation | Kind of Lease         | Lease No.                        |
| Hancock Federal | 6        | Basin Dakota                   | State, Federal or Fed | 1046-06                          |
| Location        |          |                                |                       |                                  |
| Unit Letter     | F        | 1680 Feet From The             | North                 | Line and 1565 Feet From The      |
| Line of Section | 25       | Township                       | 27N                   | Range 11W, NMPM, San Juan County |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |      |      |      |                            |      |
|--|--|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| El Paso Natural Gas Co.  | P. O. Box 990 Farmington, NM 87401                                       |      |      |      |                            |      |
| If well produces oil or liquids,<br>give location of tanks.  | Unit   | Sec. | Twp. | Rgs. | Is gas actually connected? | When |
|  | F  | 25   | 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'v. | Diff. Res'v. |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |             |              |
| Elevations (DF, RKB, 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 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 |
| Producing Method (pistol, 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 above is true and complete to the best of my knowledge and belief.



(Signature)

Production Clerk

(Title)

March 28, 1984

(Date)

## OIL CONSERVATION DIVISION

APPROVED

APR 01 1984

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BY

TITLE

SHERIFF'S DISTRICT

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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.