

OIL CONSERVATION DIVISION
P. O. BOX 2085
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Beta Development Co.		Date Filed: 10/1/80	
Address		County: 10	
238 Petroleum Plaza		Farmington, NM 87401	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input 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 checked="" type="checkbox"/>	

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.
Edgar Federal	7	Basin Dakota	State, Federal or Fee Federal	1030-07
Location				
Unit Letter	P	Feet From The	990	Line and
				990
				Feet From The
				West East
Line of Section	12	Township	27N	Range
				12W
				, 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, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	12	27N	12W		

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

COMPLETION DATA

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.			
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

NET DATA AND REQUEST FOR ALLOWABLE

(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)

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

RECEIVED

Choke Size

APR 05 1984

Gas-MCH

OIL CON. DIV.

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Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing Method (gasket, back pr.)	Tubing Pressure (shut-in)	Coating Pressure (shut-in)
		Choke Size

CERTIFICATE OF COMPLIANCE

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.

Roberta Paschall
(Signature)

Production Clerk

March 28, 1984

OIL CONSERVATION DIVISION

APPROVED 2 APR 15 1984, 19 84

BY _____

TITLE _____ SUPERVISOR DISTRICT #. 4

This form is to be filed in compliance with RULE 1104.

If this is a request for allowables 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, for transporter or other such change of condition.