

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

OFFICE RECEIVED	
DISTRIBUTION	
DATE	
BY	
U.S.	
AD OFFICE	
TRANSPORTER	OIL
	GAS
CRATOR	
ORATION OFFICE	
TO/IOI	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3033/11  
**RECEIVED**  
JUL 02 1987  
OIL CON. DIV.  
DIST. 3

BETA DEVELOPMENT COMPANY

238 Petroleum Plaza, Farmington, NM 87401

Person(s) for filing (Check proper box)

Well	<input type="checkbox"/>	Change in Transporter of:	
Completion	<input checked="" type="checkbox"/>	Oil	<input checked="" 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)

Gallup & Dakota

Change of ownership give name  
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Edgar Federal	2	Gallup & Basin Dakota	State, Federal or Fee Federal	1030-02

Location

Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East

Line of Section 1 Township 27N Range 12W , NMPM, San Juan County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" 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 type="checkbox"/>	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 87499
Well produces oil or liquids, or location of tanks.	Is gas actually connected? When
Unit <u>G</u> Sec. <u>1</u> Twp. <u>27N</u> Rge. <u>12W</u>	

His 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.
				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
			No change					
Deviation (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Gallup & Dakota	5604 Gallup, 6410 Dakota	No change					
Perforations	Gallup 5604-08, 5674-78, 5696-5700, 5731-33, 5738-42, 5754-60		Depth Casing Shoe	No change				

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 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.)	
5-20-87	5-24-87	Flow & Swab	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	90#	None	24/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	7.2	15	408

AS WELL Both zones

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
227,000	24	8.0	55
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size
Back pressure	1160#	"0"	24/64

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.

D. E. Baxter  
(Signature)

Dist. Superintendent  
(Title)

July 1, 1987

OIL CONSERVATION DIVISION

APPROVED JUL 2 1987

BY Frank J. [Signature]

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