

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator

Beta Development Company

Address

238 Petroleum Plaza Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry 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.                        |
| Mudge Federal   | 6        | Basin Dakota                   | State, Federal or Fee Federal | 1082-06                          |
| Location        |          |                                |                               |                                  |
| Unit Letter     | B        | 840 Feet From The              | North Line and                | 1535 Feet From The               |
| Line of Section | 32       | 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) |      |      |      |                            |      |
| Giant Refinery Inc.  | P. O. Box 256 Farmington, NM 87401                                       |      |      |      |                            |      |
| 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 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 |
|  | B  | 32   | 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'tv. | Diff. Res'tv. |
| 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 - (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 |
| Testing 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.

## OIL CONSERVATION DIVISION

APPROVED **APR 2 1982**  
Original Signed by CHARLES GHOLSONBY **DEPUTY OIL & GAS INSPECTOR, DIST. #3**  
TITLE

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, of transporter, or other such change of condition.  
(Signature)Production Clerk  
(Title)March 23, 1982  
(Date)