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TRANSPORTER	OIL	
	GAS	
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3-000
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Beta Development Co.	
Address 234 Petr. Club Plaza, Farmington, N. M.	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fogelson 3-11	Well No. 2	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter P	890	Feet From The South Line and 890	Feet From The East
Line of Section 11	Township 29N	Range 11W	NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> INLAND CORPORATION, INC.	Address (Give address to which approved copy of this form is to be sent) PO Box 1528, Farmington, N. M.	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> OF BOTH LAMAR TRUCKING, INC. AND INLAND CORP.	Address (Give address to which approved copy of this form is to be sent) INC. THIS PURCHASE INCLUDED N. M. S. C.	
Permit # 670 WHICH HAS BEEN TRANSFERRED TO INLAND CORPORATION.	Unit P Sec. 11 Twp. 29N Rge. 11W	Is gas actually connected? <input type="checkbox"/> When _____

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

IV. COMPLETION DATA

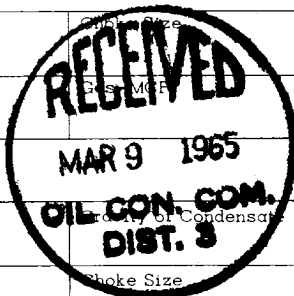
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. 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	Flow Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Prod. or Condensate

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Flow Size
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Flow Size



VI. CERTIFICATE OF COMPLIANCE

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

Original signed by:
JOHN T. [Signature]

Manager

March 8, 1965

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 9 1965, 19 _____

BY _____

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.