

Oil Conservation Division  
Santa Fe, New Mexico 87501  
Request for Allowable and Authorization to Transport Oil and Natural Gas

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

Form C-104  
Revised 10-1-78

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Beta Development Co.

Address  
238 Petroleum Plaza, Farmington, NM 87401

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☒  
Change in Ownership ☐

If change of ownership give name and address of previous owner.

DESCRIPTION OF WELL AND LEASE

Lease Name: Rock Island Federal  
Well No.: 1  
Pool Name, Including Formation: Basin Dakota  
Kind of Lease: State, Federal or Fee Federal  
Lease No.: 3390-01  
Location: Unit Letter M, 890 Feet From The West Line and 1090 Feet From The South  
Line of Section 9, Township 29N, Range 10W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒  
Permian Corporation  
Address (Give address to which approved copy of this form is to be sent): P. O. Box 1183 Houston, TX 77001  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
El Paso Natural Gas Co.  
Address (Give address to which approved copy of this form is to be sent): P. O. Box 990 Farmington, NM 87401  
If well produces oil or liquids, give location of tanks: Unit M, Sec. 9, Twp. 29N, Rge. 10W  
Is gas actually connected? When

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, etc.):  
Length of Test: Tubing Pressure: Casing Pressure: Choke Size: 5 1/8" 1984  
Actual Prod. During Test: Oil - Bbls.: Water - Bbls.: Gas - MCF:  
DIST. 3

AS WELL

Actual Prod. Test-MCF/D: Length of Test: Bbls. Condensate/MMCF: Gravity of Condensate:  
Testing Method (pilot, 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: Roberto Paschall  
Production Clerk  
March 28, 1984  
(Date)

OIL CONSERVATION DIVISION  
APR 05 1984  
APPROVED: [Signature]  
BY: [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.