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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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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:	
Recompletion	<input type="checkbox"/>	Oil	<input 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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fogelson 1-10	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease Federal & Fee State, Federal or Fee
Location Unit Letter E ; 1850 Feet From The North Line and 990 Feet From The West Line of Section 10 , 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"/> Lamar Trucking, 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"/> INLAND CORPORATION PURCHASED ALL THE ASSETS OF BOTH LAMAR TRUCKING, INC. AND INLAND OIL CO. INC. THIS PURCHASE INCLUDED IN N. M. S. C. Twp. Rge. PERMIT # 870 WHICH HAS BEEN TRANSFERRED TO INLAND CORPORATION	Address (Give address to which approved copy of this form is to be sent)		
If gas actually connected? <input type="checkbox"/> When			

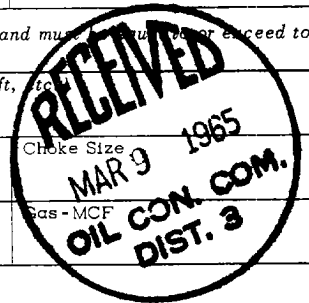
If INLAND CORPORATION is being filed with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA **CLYDE C. LAMAR, PRESIDENT**

Designate Type of Completion - (X)	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.			
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 able 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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke 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:
(Signature) **AMPTON**

Manager

(Title)

March 8, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 9 1965**, 19

BY

TITLE **Permit # 870**

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.