

NO. OF COPIES RECEIVED  
DISTRIBUTION  
SANTA FE  
FILE  
U.S.G.S.  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRORATION OFFICE

5-000  
1-TCA  
1-F

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.

**Beta Development Co.**  
**234 Petr. Club Plaza, Farmington, N. M.**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: ☐  
Improvement ☐ Oil ☐ Dry Gas ☐  
Change in ownership ☐ Transportation Gas ☐ Condensate ☒  
Other (Please explain):  
If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Well Name: **Fogelson #2** Well No.: **1** Pool Name, including Formation: **Basin Dakota** Kind of Lease: **Federal** State: **State**  
Location: Unit Letter: **J** Section: **1530** Feet From The: **South** Line and: **1430** Feet From The: **East**  
Line of Section: **2** Township: **29N** Range: **11W** NMPM: **San Juan** County:

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒  
**Lamar Trucking, Inc.** Address (Give address to which approved copy of this form is to be sent)  
**INLAND CORPORATION PURCHASED ALL THE ASSETS OF BOTH LAMAR TRUCKING, INC. AND INLAND CRUDE, INC. THIS PURCHASE INCLUDED N. M. S. C. PERMIT # 870 WHICH HAS BEEN TRANSFERRED TO INLAND CORPORATION.** **PO Box 1526, Farmington, N. M.**  
Name of Authorized Transporter of Gas, Dry Gas ☐ or Wet Gas ☐ Address (Give address to which approved copy of this form is to be sent):  
Is gas actually connected? ☐ When:  
Twp. **29N** Rge. **11W**

If this production is commingled with other oil or gas, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)  
Date Spudded: Date Ready to Prod.: Total Depth: **114**  
Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:  
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 lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First Flow: From To: Date of Test: Producing Method (Flow, pump, gas lift, etc.):  
Length of Test: Tubing Pressure: Casing Pressure:  
Actual Free Flowing Test: Oil-Bbls. Water-Bbls.

GAS WELL

Actual Free Flowing Test: Length of Test: Bbls. Condensate/MCF:  
Tubing Method (pilot, 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.

Manager

March 8, 1965

OIL CONSERVATION COMMISSION

APPROVED **MAR 9 1965**, 19

BY

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 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.