

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-76REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Beta Development Co.

250 Petroleum Plaza, Farmington, NM 87401

Check proper box (check proper box)

Change in Transporter of:	Oil	Dry Gas
Casinghead Gas	Condensate	

Other (Please explain)

Change of ownership give name
Address of previous owner

SECTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Fogelson 35	1	Basin Dakota	State, Federal or Fee Federal	1330-01
Unit Letter	0	1180 Feet From The South Line and 2400 Feet From The East		
Section	35	Township 30N	Range 11W	NMPM, San Juan County

SECTION OF TRANSPORTER OF OIL AND NATURAL GAS

Well sized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	P. O. Box 1183 Houston, TX 77001					
Well sized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P. O. Box 990 Farmington, NM 87401					
Well produces oil or liquids, or both	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	35	30N	11W		

If production is commingled with that from any other lease or pool, give commingling order numbers:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
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

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)

Flowing Well Head To Tanks	Date of Test	Producing Method (Flow, pump, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Prod. During Test	Oil-Bbls.	Water-Bbls.

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DIST. 3

Flowing Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size	

AFFIDAVIT OF COMPLIANCE

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

OIL CONSERVATION DIVISION

APPROVED
BY
TITLE
SUPERVISOR DISTRICT # 3This 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 change of conditions.