

STATE OF NEW MEXICO OIL AND MINERALS DEPARTMENT		OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501		Form C-104 Revised 10-1-78																					
<table border="1"><tr><td>CO-OPERATION REQUIRED</td><td></td></tr><tr><td>DISTRIBUTION</td><td></td></tr><tr><td>SANTA FE</td><td></td></tr><tr><td>FILE</td><td></td></tr><tr><td>U.S.G.S.</td><td></td></tr><tr><td>LAND OFFICE</td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td></tr><tr><td></td><td>GAS</td></tr><tr><td>OPERATOR</td><td></td></tr><tr><td>PRODUCTION OFFICE</td><td></td></tr></table>		CO-OPERATION REQUIRED		DISTRIBUTION		SANTA FE		FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER	OIL		GAS	OPERATOR		PRODUCTION OFFICE		<p align="center">REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</p>			
CO-OPERATION REQUIRED																									
DISTRIBUTION																									
SANTA FE																									
FILE																									
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TRANSPORTER	OIL																								
	GAS																								
OPERATOR																									
PRODUCTION OFFICE																									
Operator Beta Development Company																									
Address 238 Petroleum Plaza Farmington, NM 87401																									
Reason(s) for filing (Check proper box)				Other (Please explain)																					
New Well <input type="checkbox"/>		Change in Transporter of:																							
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																									
DESCRIPTION OF WELL AND LEASE																									
Lease Name Federal "F"		Well No. 1	Pool Name, Including Formation Basin Dakota		Kind of Lease State, Federal or Fee Federal																				
					Lease No. 3340-01																				
Location Unit Letter <u>J</u> ; <u>1565</u> Feet From The <u>South</u> Line and <u>1795</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>30N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County																									
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS																									
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refinery Inc.			Address (Give address to which approved copy of this form is to be sent) P. O. Box 256 Farmington, NM 87401																						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company			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 J	Sec. 33	Twp. 30N	Rge. 11W																				
					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 - (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																					
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.																					
				Choke Size																					
				Gas MCF																					
GAS 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.																									
<p align="center">OIL CONSERVATION DIVISION APR 2 1982</p>																									
APPROVED _____, 19____																									
BY <u>Original Signed by CHARLES GHOLSON</u>																									
TITLE <u>DEPUTY OIL & GAS INSPECTOR, DIST. #3</u>																									
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 conditions.																									
<p align="center"><u>Roberta Paschall</u> (Signature) Production Manager (Title) March 23, 1982 (Date)</p>																									