

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-1-73

Beta Development Co.
 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: 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: J 1565 Feet From The South Line and 1795 Feet From The East
 Line of Section: 33 Township: 30N Range: 11W NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil ☐ or Condensate ☒ Permian Corporation P. O. Box 1183 Houston, TX 77001
 Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Co. 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:

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.:
 Deviations (DF, RKB, RT, GR, etc.): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:
 Casinghead: Depth Casing Shoe:

TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
 RECEIVED

TEST DATA AND REQUEST FOR ALLOWABLE NEW WELL (Test must be after recovery of total volume of loss 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, etc.):
 Length of Test: Tubing Pressure: Casing Pressure: Choke Size:
 Total Prod. During Test: Oil-Bbls.: Water-Bbls.: Gas-MCF:

TEST WELL
 Total Prod. Test-MCF/D: Length of Test: Bbls. Condensate/MMCF: Gravity of Condensate:
 Producing 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 is true and complete to the best of my knowledge and belief.
 Signature: Roberto Paschall Production Clerk
 Date: March 28, 1984
 OIL CONSERVATION DIVISION
 APPROVED: APR 05 1984
 BY: SUPERVISOR DISTRICT # 3
 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 allowables on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, transporter, or other such change of condition.