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TRANSPORTER GAS					C. AND INLAND L LOD,
OPERATOR /			INC. THIS PURC	CHASE INCLUDED	N. E. C
PRORATION OFFICE   Cherator					N TRANSPERSED TO
Beta Development Co.	1		INLAND CORPO	CLYDE	C. LaMAR, PRESIDENT  CORPORATION
234 Petr. Club Plaza	, Farmington,	N. M.			
Reason(s) for filing (Check proper b New Well	box) Change in Tr	consporter of	Other (Ple	ease explain)	
Recompletion	Oil	Dry	Gas		
Change in Ownership	Casinghead C	Gas Cond	lensate		
f change of ownership give name	÷				
DESCRIPTION OF WELL AN	D LEASE		,		SB-042260
Lease Name Federal "H"		1	Name, Including Formatio <b>in Dakota</b>		Kind of Lease <b>SF-043260</b> State, Federal or Fee <b>Feder</b> i
Location				<u> </u>	
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Line of Section ,	Township	Trange	,	11 101	
Name of Authorized Fransborier of t		ichsule en			
Name of Authorized Transporter of Latter Trucking Inc.  Name of Authorized Transporter of	Casinghead Gas	or Dry Gas		ess to which approve	d copy of this form is to be sent
Laker Trucking, Inc. Name of Authorized Transporter of El Paso Natural Gas	Casinghead Gas		_	mington, N. nected? When	d copy of this form is to be sent M. Walting on pipeline
Name of Authorized Transporter of  El Paso Natural Gas  If well produces oil or liquids, give location of tanks.	Casinghead Gas Unit Sec.	or Dry Gas T	Address (Give addre Box 990, Fazi Is gas actually conn No	ington, N. hected?	d copy of this form is to be sent
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Name of Authorized Transporter of  El Paso Natural Gas  If well produces oil or liquids, give location of tanks.  If this production is commingled COMPLETION DATA  Designate Type of Complete Spudded 2-20-65  Pool  Basin Dakota  Perforations 6821-27, 6847-6778-90 & 6799  HOLE SIZE  12-1/4*  7-7/8**  TEST DATA AND REQUEST OIL WELL  Joute Pirst New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D 2,731  Testing Method (pitot, back pr.)	Casinghead Gas Co.  Unit Sec. D 33  with that from any of the completion — (X)  Date Compl. Read 4-24-65  Name of Producin Lakets  CASING & 8-5/8  4-1/2  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure  Zil	or Dry Gas 11 Twp. Rge.  30N 11 Twp. Rge.  4 Twp. Rge.  5 Twp. Rge.  6 Twp. Rge.  7 Twp. Rge.  8 Twp.	Address (Give address 1990, Farm	rder number:  rer   Deepen    round   Deepen	d copy of this form is to be sent  M.  Waiting On pipeline Connection  Plug Back   Same Res'v.   Diff.  Plug Back   Same Res'v.   Diff.  TEXARD.  CO - 6859  Tubing Depth 6845  Depth Casing Shoe  SACKS CEMENT  175 SX  1110 SX  1110 SX  Gas-MCFMAY O  Choke Size 3/4  TION COMMISSION

Original signed by:
JOHN T. HAMPTON
(Signature)

Manager

May 5, 1965

(Title)

(Date)

TITLE Supervisor Dist. # 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 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.