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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRORATION OFFICE	

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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 1-1-55

I.

Operator <b>Beta Development Co.</b>	
Address <b>234 Petr. Club Plaza, Farmington, N. M.</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transportation of: <input type="checkbox"/>
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"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Fogelson 4-25</b>	Well No. <b>1</b> Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Free <b>Federal</b>
Location		
Unit Letter <b>P</b>	<b>790</b> Feet From The <b>South</b> Line and <b>790</b> Feet From The <b>West</b>	
Line of Section <b>25</b>	Township <b>30N</b> Range <b>11W</b>	NMPM, <b>SAN JUAN</b> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which appropriate copy of this form is to be sent)
<b>Lamar Trucking, Inc.</b>	<b>PO Box 1528, Farmington, N. M.</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	Address (Give address to which appropriate copy of this form is to be sent)
<b>INLAND CORPORATION PURCHASED ALL THE ASSETS OF BOTH LAMAR TRUCKING, INC. AND INLAND CRUDE INC. THIS PURCHASE INCLUDED N. M. S. C. PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO INLAND CORPORATION.</b>	
If well produces oil or liquid give location of well	Is gas actually connected? <input type="checkbox"/>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		B.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay		Casing Depth					
Perforations				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 load and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Surface	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.

GAS WELL

Actual Prod. Test-MMCF	Length of Test	Bbls. Condensate/MMCF
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure
		Flow Line 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.

Original signed by  
**JOHN I. HAMPTON**  
(Signature)

Manager

March 8, 1965

(File)

(Date)

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 transport or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

TO THE HONORABLE SECRETARY OF THE  
NAVY  
WASHINGTON, D. C.  
FROM THE  
NAVY DEPARTMENT  
WASHINGTON, D. C.  
JANUARY 1, 1911

