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NO. OF COPIES RECEIVED	ے ک	5-0CC		
DISTRIBUTION		1-TCA NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
SANTA FE		1-F REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116
FILE	1		AND	Effective 1-1-65
U.S.G.S.	-	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL G	AS
LAND OFFICE		AUTHORIZATION TO TR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
OIL	,			
TRANSPORTER GAS				
	+			
OPERATOR				
PRORATION OFFICE				
·				
Beta Deve	lopment	L Co.		
Address				
		lub Plaza, Farmington, I		
Reason(s) for filing (Check p	proper box)		Other (Please explain)	
New Well		Change in Transporter of:		
Recompletion		Oil Dry G	as	
Change in Ownership		Casinghead Gas Conde	ensate 🗶	
If change of ownership giv				
and address of previous ov	wner			
DESCRIPTION OF WEL	LANDI	FACE		
DESCRIPTION OF WEL	L AND I	Well No. Pool N	ame, Including Formation	Kind of Lease Federal & Fee
	<b>-</b>	. 1	Besin Dekota	State, Federal or Fee
Location Katherine	Pierce		DESIN LARVES	
Location				
Unit Letter	- : <del> 110</del>	Feet From The North Li	ne and Feet From T	The <b>East</b>
				Caustin
	Tan			
Line of Section 26	, 16w	nship Range	12 m , NMPM,	Sen Juan County
40		30 N	44.	Sen Juan
. DESIGNATION OF TRA	ANSPORT	TER OF OIL AND NATURAL G	AS	San Juan
40	ANSPORT	TER OF OIL AND NATURAL G	44.	San Juan
DESIGNATION OF TRA	ANSPORT	TER OF OIL AND NATURAL G	AS Address (Give address to which approx	ved copy of this form is to be sent)
Name of Authorized Transpo	ANSPORT orter of Oil	TER OF OIL AND NATURAL G  or Condensate   The Graph of Dry Gas   or D	AS Address (Give address to which approx	ved copy of this form is to be sent)
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DESIGNATION OF TRA  Name of Authorized Transpo  Name of Authorized Transpo  Name of Authorized Transpo  NAMD  OF BOTH  If well produces of a limit give location of the strain #  If this production is a sum.  COMPLETION DATA  Designate Type of Co  Date Spudded  Pcol  Perforations  HOLE SIZE  . TEST DATA AND REQ OIL WELL	NSPORT OTHER OF OTH OTHER OTH OTHER OTH OTHER OTH	TUBING, CASING, ALLOWABLE  TOR OIL AND NATURAL G  or Condensate   or Dry Gas  TION PURCHASED ALL THE ASSE  RUCKING INC. AND INLAND CI  SE INCLUDED N. M. S. C. C.  HICH HAS DEED TRANSFERRED TO THE COMMENT OF THE COMENT OF THE COMMENT OF THE COMMEN	Address (Give address to which approximately approximately after recovery of total volume of load oil depth or be for full 24 hours)	Plug Back   Same Res'v.   Diff. Res'v.   P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT
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Oil-Bbls. Water-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size Testing Method (pitot, back pr.) Tubing Pressure Casina Pressure

## 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. HAMPION	
 (Signature)	-
Manager	_
 (Title)	
3-8-65	
(Date)	

## OIL CONSERVATION COMMISSION

APPROVED MAR 9 1965 BY Original Signed Emery C. Arnold

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.

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