

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Beta Development Company

Address
238 Petroleum Plaza Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☒

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Rhoda Abrams	Well No. 2	Pool Name, including Formation Basin Dakota	Kind of Lease Federal & Fee State, Federal or Fee	Lease No. 1110-02
Unit Letter H	1795	Feet From The North	Line and 960	Feet From The East
Line of Section 5	Township 30N	Range 11W	NMPM, San Juan	County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ PERMIAN CORPORATION Permian (El 9/1/87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ 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
Well produces oil or liquids, location of tanks.	Unit Sec. Twp. Rge. H 5 30N 11W
Is gas actually connected?	When

If 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.
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Locations			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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Prod. During Test	Tubing Pressure	Casing Pressure
	Oil - Bbls.	Water - Bbls.

RECEIVED
APR 05 1984
OIL CON. DIV.
DIST. 3

Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Checked (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I 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.

Robert Paschall
(Signature)

Production Manager

(Title)

March 28, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED

APR 05 1984

BY

SUPERVISOR DISTRICT # 3

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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.