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TRANSPORTER	OIL / GAS /
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3-OCC
1-ELKendrick
1-F 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 1-1-65

I. Operator
Beta Development Co.

Address
234 Petroleum Club Plaza, Farmington, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marx Federal	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal State, Federal or Fee SP-078138
Location: Unit Letter P ; 985 Feet From The South Line and 1160 Feet From The East Line of Section 20 , Township 30N Range 11W , NMPM, San Juan 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"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) PO Box 152B, Farmington, New Mexico				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, New Mexico				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 20	Twp. 30N	Rge. 11W	Is gas actually connected? <input type="checkbox"/> When

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'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 1-10-67	Date Compl. Ready to Prod. 2-15-67		Total Depth 6760'		Casinghead Pressure CO - 6735			
Pool Basin Dakota	Name of Producing Formation Dakota		Top Oil/Gas Pay 6556'		Tubing Depth 6656'			
Perforations 6554-68, 6606-28' w/2 JPT 6646-68, 6666-76, 6692-98 & 6710-6718' w/4 JPT					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		312'		175 sk			
7 7/8"	4 1/2"		6760'		1025 sk			
2" EUE set @ 6656'								

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of test oil 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, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

Choke Size
Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 2,666 MCF	Length of Test 3 hrs	Bbls. Condensate/MMCF MM	Gravity of Condensate NA
Testing Method (pitot, back pr.) Choke	Tubing Pressure 215	Casing Pressure 695	Choke Size 3/4"

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:
D. E. BAXTER

(Signature)

Superintendent

(Title)

March 6, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 8 1967**, 19

BY **Original Signed by 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.