

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

RECEIVED		
DISTRIBUTION		
DATE FILED		
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

**CASINGHEAD GAS MUST NOT BE  
 FLARED AFTER 11/3/82  
 UNLESS AN EXCEPTION TO  
 IS OBTAINED Rule 306**

**I. OPERATOR**  
 Operator: Beach Exploration, Inc.  
 Address: 800 N. Marienfield, Suite 200, Midland, Texas 79701  
 Reason(s) for filing (Check proper box):  
 New Well  Change In Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change In Ownership  Casinghead Gas  Condensate   
 Other (Please explain):  
 RECEIVED  
 SEP 1 1982  
 O. C. D.  
 ARTESIA, OFFICE

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>New Mexico 36</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Red Lake (Penrose)</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>L-1603</u>
Location Unit Letter <u>G</u> : <u>1986</u> Feet From The <u>N</u> Line and <u>1983</u> Feet From The <u>E</u> Line of Section <u>36</u> Township <u>16-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183 Houston, Tx. 77001</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>100 Pioneer Bldg, Bartlesville, Ok. 74003</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>22</u>	Twp. <u>16</u>	Pge. <u>28</u>
	Is gas actually connected? <u>No</u>		When <u>ASAP</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: No

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded <u>3-12-82</u>	Date Compl. Ready to Prod. <u>8-6-82</u>	Total Depth <u>1882'</u>	P.B.T.D. <u>1878'</u>					
Elevations (DF, RAB, RT, GR, etc.) <u>3696.6' GR</u>	Name of Producing Formation <u>Penrose</u>	Top Oil/Gas Pay <u>1778'</u>	Tubing Depth <u>1821</u>					
Perforations <u>1778 1783'</u>	Depth Casing Shoe <u>1722</u>							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 5/8"	20#	318	300 sx C1-C
7"	20#	1592	
4 1/2"	10.5# & 11.6#	1882	175 sx 50-50 Poz w/ 2% salt

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (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)

Date First New Oil Run To Tanks <u>8-9-82</u>	Date of Test <u>8-17-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump 2" x 1 1/2" x 8' insert</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>15</u>	Casing Pressure <u>15</u>	Choke Size <u>2" open</u>
Actual Prod. During Test <u>5.6</u>	Oil-Bbls. <u>5.6</u>	Water-Bbls. <u>1.0</u>	Gas-MCF <u>6.2</u>

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke 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.

Linda Wooten  
 (Signature)  
 Regulatory Agent  
 (Title)  
 August 30, 1982  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED SEP 9 1982, 19\_\_

BY Leslie A. Clement

TITLE SUPERVISOR, DISTRICT II

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