

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Beach Exploration, Inc.	Well API No. 30-025-30493
Address 800 N. Marienfeld Suite 200 Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain)	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> To add Gas Gatherer	
If change of operator give name and address of previous operator	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Bear	Well No. 1	Pool Name, Including Formation Bishop Canyon, San Andres	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>18S</u> Range <u>38E</u> , NMPM, Lea County				

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

Name of Authorized Transporter of Oil Permian SCURLOCK PERMIAN CORP EFF 9-1-91	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas
Name of Authorized Transporter of Casinghead Gas Phillips Natural Gas	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) GPM Gas Corporation, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 11
	Twp. 18S	Rge. 38E
	Is gas actually connected? Yes	
	When? 12-4-89	

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing 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 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 Tank 1-24-89	Date of Test 12-5-89	Producing Method (Flow, pump, gas lift, etc.) Pumping 2" X 1 1/2" X 14'	
Length of Test 24 Hrs.	Tubing Pressure 0	Casing Pressure 30	Choke Size -
Actual Prod. During Test	Oil - Bbls. 18	Water - Bbls. 100	Gas - MCF 110

### 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. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
Barbara Watson  
Printed Name  
12-6-89  
Date  
915/683-6226  
Telephone No.

OIL CONSERVATION DIVISION  
DEC 11 1989

Date Approved

By

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.