

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

157
Op

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

JUN 18 1991

O. C. D.
ARTESIA, OFFICE

WELL API NO.
30-015-01286

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL GAS WELL OTHER Injection Well

Red Lake Unit

2. Name of Operator
Beach Exploration, Inc.

8. Well No.
22

3. Address of Operator
800 N. Marienfeld Ste. 200 Midland, Texas 79701

9. Pool name or Wildcat
Red Lake, East

4. Well Location
Unit Letter E : 990 Feet From The West Line and 1980 Feet From The North Line
Section 36 Township 16S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		Packer Leakage Test <input type="checkbox"/>	
		OTHER: _____ <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

5-15-91 Ran 55 jts. of 2 3/8" tbg. and 5 1/2" Model AD-1 Tension packer, Set pkr. @ 1753.31'. Test witnessed and approved by Darryl Moore, chart attached. Began injection 6-7-91.

Post ID-3
7-12-91
chg Prod to WIW

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Barbara Whitman TITLE Production DATE 6-14-91

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

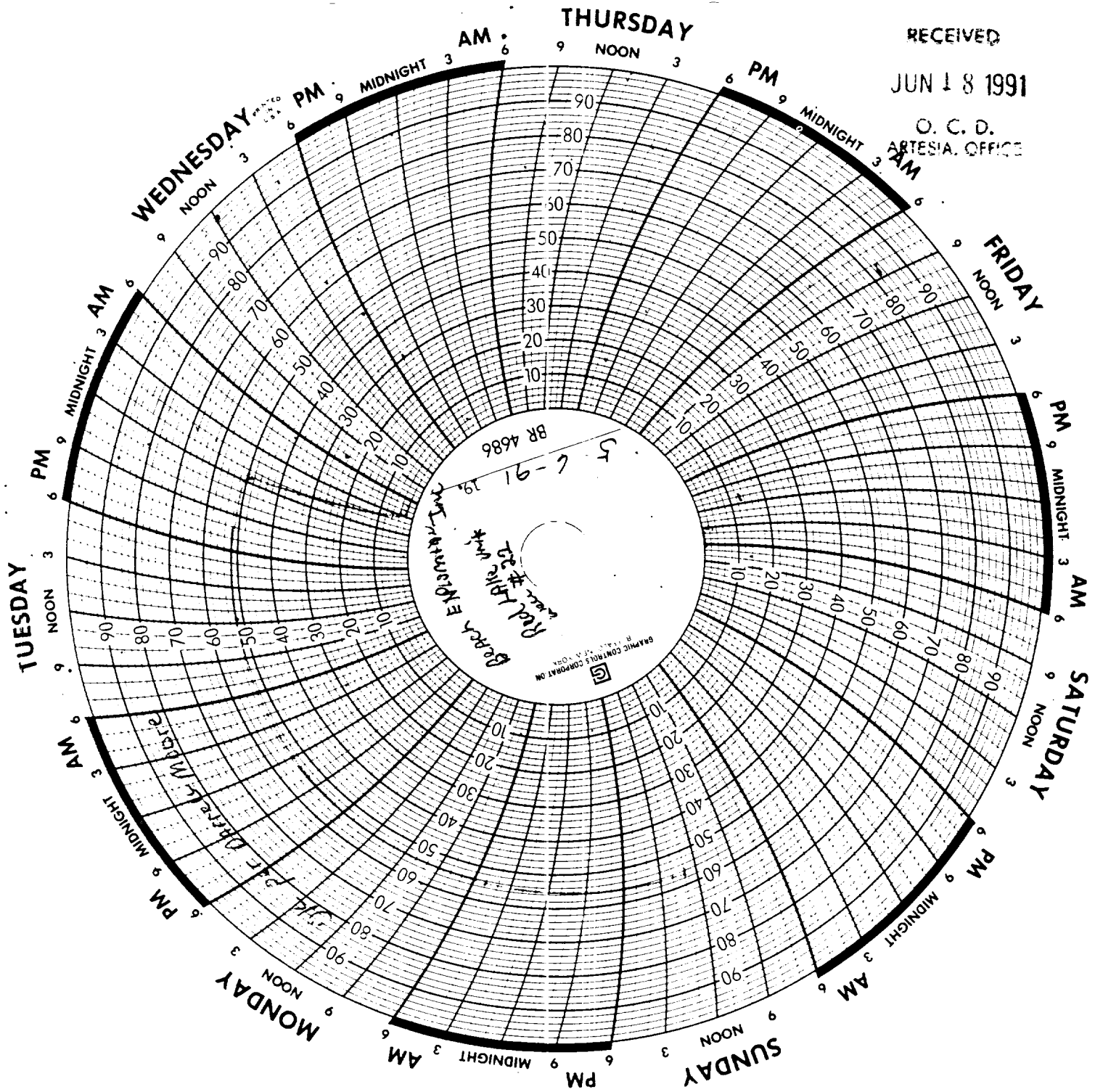
APPROVED BY _____ TITLE _____ DATE JUL 09 1991

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 18 1991

O. C. D.
ARTESIA, OFFICE



BR 4686
5-6-91
Borch ENDOCRINE
Red Pine
well # 22

GRAPHIC CONTROL & COMPANY, INC.
R. I. 02876

Direct Meter