

|                        |     |   |
|------------------------|-----|---|
| NO. OF COPIES RECEIVED |     |   |
| DISTRIBUTION           |     |   |
| SANTA FE               |     | ✓ |
| FILE                   |     | ✓ |
| U.S.G.S.               |     |   |
| LAND OFFICE            |     |   |
| TRANSPORTER            | OIL | ✓ |
|                        | GAS |   |
| OPERATOR               |     | ✓ |
| PRORATION OFFICE       |     |   |

## NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE  
ANDForm C-104  
Supersedes Old C-104 and C-1  
Effective 1-1-65

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 19 1987

O. C. D.

ARTESIAN

I.

Operator

Beach Exploration, Inc.

Address

800 N. Marienfeld Suite 200 Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Emergency Cleanance to Move oil  
for test purposes - 500 bblsIf change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

|                  |          |                                |                       |              |
|------------------|----------|--------------------------------|-----------------------|--------------|
| Lease Name       | Well No. | Pool Name, Including Formation | Kind of Lease         | Lease No.    |
| Phillips Federal | 1        | Cave                           | State, Federal or Fee | NM14847      |
| Location         |          |                                |                       |              |
| Unit Letter      | 0        | : 560                          | Feet From The         | South        |
| Line of Section  | 7        | Township                       | 17S                   | Range        |
|                  |          |                                | 29E                   | , NMPM, Eddy |
|                  |          |                                |                       | 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"/> | Address (Give address to which approved copy of this form is to be sent) |      |
| The Permian Corp.  | P.O. Box 1183 Houston, Texas   |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |      |
| NA   |  |      |
| If well produces oil or liquids,<br>give location of tanks.  | Unit   | Sec. |
|  | 0  | 7    |
|  | Twp.   | Pge. |
|  | 17S  | 29E  |
| Is gas actually connected?   | When   |      |
| No   | ASAP   |      |

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. |
| XX                                   |                             |          |                 |          |                    |           |             |              |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.           |           |             |              |
| 11-27-86                             | 12-30-86                    |          | 2552'           |          | 2546               |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth       |           |             |              |
| 3679.9 GL                            | Lovington-Preimer           |          | 2404            |          | 2451               |           |             |              |
| Perforations                         |                             |          |                 |          | Depth Casing Shoe  |           |             |              |
| 2404-2505                            |                             |          |                 |          | 2552               |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD |                             |          |                 |          |                    |           |             |              |
| HOLE SIZE                            | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT       |           |             |              |
| 12 1/4"                              | 8 5/8"                      |          | 310'            |          | 250 Cl C           |           |             |              |
| 7 7/8"                               | 4 1/2"                      |          | 2552'           |          | 500 Sxs Hal Lite + |           |             |              |
|                                      |                             |          |                 |          | 50/50 Poz          |           |             |              |

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 allow  
able 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                               | Choke Size |
|                                 |                 |   |            |
| Actual Prod. During Test        | GH-Bbls.        | Water-Bbls.                                   | Gas-MCF    |
|                                 |                 |   |            |

## 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.

Production

(Title)

1-16-87

(Date)

## OIL CONSERVATION COMMISSION

APPROVED JAN 16 1987, 19

BY Original Signed By

TITLE Supervisor

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepene  
well, this form must be accompanied by a tabulation of the deviatio  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne  
well name or number, or transporter, or other such change of conditioSeparate Forms C-104 must be filed for each pool in multipl  
completed wells.