

OIL CONSERVATION DIV. ON

RECEIVED JUL 13 1987
SANTA FE, NEW MEXICO 87501

JUL 13

REQUEST FOR ALLOWABLE
OIL AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPLICANTS	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator

Beach Exploration, Inc.

Address

800 N. Marienfeld, Ste 200, Midland, Tx 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Phillips Federal	2	Grayburg Jackson 7R, ON, SA	State, Federal or Fee Federal	NM14847
Location				
Unit Letter	K	1980 Feet From The	S	Line and 1535 Feet From The
Line of Section	7	T. or Township	17S	Range 29E, NMPM, Eddy County

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)					
Phillips Petroleum	4001 Penbrook, Odessa, Tx					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum	Same					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	7	17S	29E	yes	6-9-87

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
X	X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
5-21-87	5-26-87		2540		2534			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3677DF, 3678KB, 3669GR	Lovington Premier		2482		2426			
Perforations					Depth Casing Shoe			
2384-2488					2533			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	218	200 sxs Prem. Lite
7 7/8	4 1/2	2533	800 sxs HOWCO Lite
	2 3/8	2426	

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)

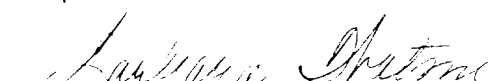
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-9-87	6-15-87	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	-	25	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
24	10	40	100

GAS WELL

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

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)

Production

(Title)

7-8-87

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 14 1987, 19____
Original Signed By
BY Les A. Clements
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 multiple completed wells.