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

State of New Mexico
Eracy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		IO IHA	<u>NSP</u>	JKT UIL	AND NA	UHAL GA		5() 1				
Operator BEC Corporation						Well A			PI No. - D25-050UG			
Address									<u></u>			
P.O. Box 1392	?	Mid	land	, Texas			. <u>;_</u>)					
Reason(s) for Filing (Check proper box)		C	Т	man ce.	_	r (Please expla		5 .				
New Well		Change in	Dry Ga			· Name Ch						
Recompletion	Oil Casinghead	1 Gae	Conden		rrom pT1	lss Energ	y corpo	TACTOR				
Change in Operator If change of operator give name	- anniki icat											
and address of previous operator	A D I T T T	CE										
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including						ng Formation Kind			of Lease No.			
State AR 2 Echols I					evonian Sta			Federal or FeeState LG 1796				
Location		000		1	lo a t	164	 		South	• •		
Unit Letter L	. :	990	Feet Fr	om The	est_Lim	and 165	<u>/∪</u> Fe	et From The	South	Line		
Section 2 Township	, 118		Range	37	E , NI	мрм,	Lea			County		
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil None-Well Shut Ir		or Conden			Address (Giv	e address to wh	iich approved	copy of this f	orm is to be se	ent)		
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)											
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When			?				
If this production is commingled with that f IV. COMPLETION DATA	rom any oth	er lease or	pool, giv	ve comming)	ing order numl	ber:	 		<u> </u>			
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 Dep	Tubing Depth			
Perforations					<u>.L</u>			Depth Casin	g Shoe	·· ··································		
		TIDING	CACT	NG AND	CEMENT	NG RECOP	D	1				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEIVLEIN I I	DEPTH SET		1 !	SACKS CEMENT			
HOLE SIZE CASING & TUBING SIZE				DET IN SET			CHOIG CLINEITI					
	 											
				 								
V. TEST DATA AND REQUES	T FOR A	LLOW.	ABLE	ما المعادات	he equal to	exceed ton all	numble for thi	s depth or he	for full 24 hou	ars.)		
OIL WELL (Test must be after re	Date of Te		oj ioad	ou ana musi	Producing M	ethod (Flow, pu	emp, gas lift.	elc.)	, or , me a + 1101	 		
Date Flist New Oil Rull 10 1stix												
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL	<u> </u>				<u></u>			1,				
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 CERTIFIC	ATE OF	COMI	PLIA	NCE			JCEDV	ΔTIΩN!	חואופות			
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.					Date	Date Approved						
George	1/2 /	lus a						NED BY IF	RRY SEXTO	ON.		
Signature George Van Husen Agent					By_	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name 3-29-90	915		Title 2 -1 82		Title		·			.4		
Date			ephone 1									

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.

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HOBUS OFFICE