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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

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JAN - 8 1980
O. C. D.
ARTESIA, OFFICE

Operator
WILLIAM N. BEACH

Address
P. O. BOX 3669, MIDLAND, TX 79702

Reason(s) for filing (Check proper box)
New Well ☐
Recompletion ☐
Change in Ownership ☐
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
RECLASSIFICATION
GAS WELL TO OIL WELL

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.
New Mexico 36	2	E. Red Lake-Queen	State, Federal or Fee STATE	L-1603

Location
Unit Letter B : 990 Feet From The North Line and 2292 Feet From The East
Line of Section 36 Township 16-S Range 28-E , NMPM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XXX or Condensate ☐
THE PERMIAN CORPORATION
Address (Give address to which approved copy of this form is to be sent)
Box 1183, Houston, TX 77001

Name of Authorized Transporter of Casinghead Gas XXX or Dry Gas ☐
PHILLIPS PETROLEUM COMPANY
Address (Give address to which approved copy of this form is to be sent)
BARTLESVILLE, OK 74003

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	36	16-S	28-E	YES	10-79

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-280

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	XXXXX							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-25-79	8-5-79	1885	1865

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3713 DF	QUEEN	1802	1809

Perforations	Depth Casing Shoe
1802-1856	1880

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8	323	100sx + 2% CaCl
7"	4-1/2	1880	150sx 50/50 POZ mix + 2% Gel + 5# Salt

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	1-4-80	FLOW	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	60	SEALED	16/64
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
5.2	5.2	1	36.4

Reclassified to Oil 1-9-80

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
PRODUCTION SUPERVISOR
(Title)
1-7-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN - 9 1980, 19
BY W. A. Gressett
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 multiply completed wells.