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	GAS	✓
OPERATOR		✓
PRODUCTION OFFICE		

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

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

NOV 6 1979

D. C. C.
ARTESIA, OFFICE

Operator
WILLIAM N. BEACH
Address
P. O. BOX 3669, MIDLAND, TX 79702

Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FILED AFTER 1-1-80 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	
Recompletion	<input type="checkbox"/>	Oil		<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas		<input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	35 S. 30 E	Well No.	1	Pool Name, including Formation	E. Redlake, Penrose	Kind of Lease	State, Federal or Fee	Lease No.	L-3755
State	35						State		
Location									
Unit Letter	A		660	Feet From The	North	Line and	660	Feet From The	East
Line of Section	35	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	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation				Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas	XXX	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Transporter				Bartlesville, Ok 74003	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?
	A	35	16S	28E	no

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 Restv.	Diff. Restv.
		XX	XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
9-15-79	10-25-79		1650'			1640'		
Elevations DF, RKB, RT, GR, etc.,	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3589 DF	Penrose		1560'			1550'		
Perforations						Depth Casing Shoe		
1560-1585						1650'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	244	150 sx "C"+2%CaCl
8"	4-1/2"	1650	300 sx "C"+ Poz mix 5# NaCl + 2% CaCl

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)

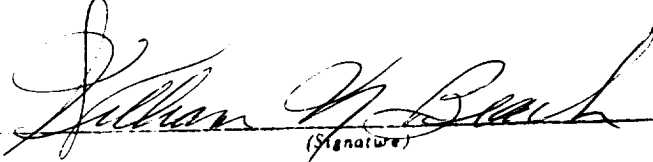
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-24-79	10-24-79	FLOWING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	100-120	sealed	8/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
31 bbls	31 bbls.	16 bbls.	9.701 Mcf

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

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.


Operator
11-5-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 8 1979

BY W. A. Sussman

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.