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

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

State of New Mexico Energy, Minerals and Natural Resources Depart

Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

MAR 2 7 1991

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM	87410	J	ana re, new i	viexico 8/3	04-2088		0.0	^			
	REC	UEST F	OR ALLOWA	ABLE AND	AUTHOR	IZATION	O. C. N ARTESTA, C	U. 156107			
I. Operator		<u>TO TR</u>	ANSPORT O	IL AND NA	TURAL G						
Beach Explora		Well API No.									
Address 800 N.Marienfo	30-015-23293										
Reason(s) for Filing (Check proper		JU MIGI	and, Texas	79701	(D)	 		· · · · · · · · · · · · · · · · · · ·	·		
New Well	,	Change i	n Transporter of:		er (Please exp	(аит)					
Recompletion	Oil		Dry Gas	Na	me Chang	e due i	to Unitiza	ation fo	r		
Change in Operator	Casingho	ead Gas	Condensate	Wa	terflood	projec	ct. Bogle	Farms #	[‡] 1		
If change of operator give name and address of previous operator											
II. DESCRIPTION OF W	ELL AND LE	CASE									
Lease Name Red Lake Unit	Well No.		-			Kind of Lease Lease No		ase No.			
Location		14	Red Lake	e, East Q	n.Grybur	g. Sun	e, Federal or Fee	<u>, </u>			
Unit Letter M	:6	560	Feet From The	South Line	and 990	·	Feet From The _	West	Line		
Section 25 T	Range 28E , NMP			ирм,	Eddy County						
III. DESIGNATION OF T	'R ANSPODTE	7D AE A	II. AND NATI	IDAL CAC							
Name of Authorized Transporter of Permian SCUI	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas										
Name of Authorized Transporter of			or Dry Gas				d copy of this fo				
				rtuiles (O.A		шен арргоче	a copy of this jo	rm is to be sen	и)		
f well produces oil or liquids, Unit ive location of tanks.		Sec. 25	Twp. Rge 16S 28E	Is gas actually connected?		Whe	When ?				
If this production is commingled with	h that from any otl		pool, give comming	ling order numb	er:						
IV. COMPLETION DATA	<u> </u>							· · · · · · · · · · · · · · · · · ·			
Designate Type of Compl	etion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	pl. Ready to	Prod.	Total Depth		上	P.B.T.D.	·	<u></u>		
Flunding (DE DEED DE CD											
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			ormation	Top Oil/Gas Pay			Tubing Depth				
Perforations				·I			Depth Casing	Shoe	· · · · · · · · · · · · · · · · · · ·		
								, 51100			
HOLE SIZE			CASING AND			D					
TIOLE SIZE	CA	SING & TU	IBING SIZE	DEPTH SET			SACKS CEMENT				
							 				
. TEST DATA AND REC	HIEST FOR A	11000	DIE								
				he equal to as a							
Date First New Oil Run To Tank	ri be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
Land of Tra						F1 6 1311	•	posted	TD-3		
Length of Test	Tubing Pre	8 SUITE		Casing Pressur	Casing Pressure			Choke Size 24 - 5 - 91			
Actual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCFWell Hami & h				
		-					Jan Micra	w ma	mi en		
GAS WELL							<u> </u>				
Actual Prod. Test - MCF/D	Length of	est		Bbls. Condensa	te/MMCF		Gravity of Co	indensate			
esting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)						
			,	Casing Freesum	(Snut-In)		Choke Size				
I. OPERATOR CERTI	FICATE OF	COMPI	LIANCE								
I hereby certify that the rules and	OIL CONSERVATION DIVISION										
Division have been complied with is true and complete to the best of	ADD _ 1 4004										
But	0/1			Date A	Approved		new - T l	991			
MALLANI,	_										
Signature Beach Exploration	By ORIGINAL SIGNED BY										
Printed Name	MIKE WILLIAMS										
3-25-91 Date	Title SUPERVISOR, DISTRICT IT										
		Telepl	hone No.								

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
- 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.