Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Ene

Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

AUG 2 / 1992

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		Santa	i re, new ivi	exico 8/30	M-2088	C	. C. D.			
I.			RALLOWA!				BAL DEFICE	•		
Operator	,							API No.		
Beach Explorati	ion, In	ic. V				•				
800 N. Marienfe	eld Ste	200	Midland	, Texas	79701					
Reason(s) for Filing (Check proper box)		-		X Othe	et (Please expla	in)				
New Well	1	Change in Tr								
Recompletion	Oil	D X	ry Gas 📙							
Change in Operator	Casinghead	Gas C	ondensate							
If change of operator give name and address of previous operator		·				 				
II. DESCRIPTION OF WELL				· 						
Lease Name Red Lake Unit Location	Well No. Pool Name, Includance 15 Red La				ke, East Qn.Grybr			(Lease Lease No. Federal or Fee		
Unit Letter N	_ :	660 Fe	et From The	South Line	and	2287 Fe	et From The _	West	Line	
Section 25 Townshi	p 16S	R	inge 28E	, NN	ирм,	Eddy			County	
III. DESIGNATION OF TRAN										
Name of Authorized Transporter of Oil	14.1	or Condensate	• 🗀		e address to wh					
Lantern Petrolet Name of Authorized Transporter of Casin				P.O. Box 2281 Mid Address (Give address to which approved						
if well produces oil or liquids, give location of tanks.	ell produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? Willocation of tanks. N 25 168 28E						en ?			
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or poo	d, give comming	ling order numb	per:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	. Ready to Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing Shoe						
	77	IBBIC C	A CINIC AND	CEL (ELIGIN				·		
					CEMENTING RECORD					
HOLE SIZE	CASI	NG & TUBI	NG SIZE	DEPTH SET			SACKS CEMENT			
	 									
	 									
V TECT DATA AND DECUES										
V. TEST DATA AND REQUES OIL WELL Test must be after to	I FOR A	LLOWAB	LE				' 			
OIL WELL (Test must be after red) Date First New Oil Run To Tank	Date of Test	u volume of l	oad oil and must	be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 how	rs.)	
	Date of 168			Producing Me	thod (Flow, pur	np. gas lift, ei	c.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL	<u> </u>									
Actual Prod. Test - MCF/D	Length of Te	zsi		160. C	48169					
	Bbls. Condensate/MMCF Casing Pressure (Shut-in)			Gravity of Condensate						
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Choke Size						
VI. OPERATOR CERTIFICA	ATE OF (COMPLI	ANCE	<u> </u>						
I lieledy certify that the rules and repula	tions of the O	1 C		O	IL CON	SERVA	TION	אווווויי		
		0011		LI ION L	טופועוי	IN				
is true and complete to the best of my knowledge and belief.				Date ApprovedAUG 2 8 1992						
Julian Matin										
Signifum Barbara Watson		Produ	ction	By ORIGINAL SIGNED BY						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

8-25-92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title 915/683-6226

Telephone No.

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.