8.	GISTRIBUTION SANTA FE // FILE // U.S.G.S. LAND OFFICE OIL // TRANSPORTER OIL // OPEI:ATOR // PROPATION OFFICE OPERATION OFFICE	REQUEST I	NSERVATION COMMON FOR ALLONABLE AND NSPORT OIL AND NATURAL MAR 1 5 19 O. C. D ARTESIA, OFF	GAS 982
	BEACH EXPLORATION, INC Address BOX 3669, Midland, TX Recoson(s) for filing (Check proper box, New We!1 Recompletion Change in Ownership	79702		EONLY
	If change of ownership give name and address of previous owner	William n. Bea	ch	
Н.	DESCRIPTION OF WELL AND Lease Name Amoco-State Location Unit Letter	E. Red Lake, Q	-G State, Føder	se Lease No. al cr Fee State LG-582 The South
	25	waship 16-S Range 28	8-E , NMPM, Eddy	County
III.	Name of Authorized Transporter of Casinghead Gas 🕅 or Dry Gas 🗍		Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)	
- ·	11 well produces oil or liquids,	Unit Sec. Twp. Ege.		Odessa, TX 79762
	If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number:			farise
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Piug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	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 Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.	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 allow able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)			
	Date First New Cil Run To Tanks	Date of Test		Choke Size
	Length of Test	Tubing Pressure	Casing Pressure	
	Actual Pred. During Test	Oil-Bbis.	Water - Bbls.	Gas+MCF
	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.	CERTIFICATE OF COMPLIAN	CE	11	ATION COMMISSION
	Thereby certify that the rules and	regulations of the Oil Conservation	APPROVED MAR 1 9 1982 . 19 BY	
		with and that the information given e best of my knowledge and belief.		
	maindax	irun		
	CLERK		tests taken on the well in accordance with near on the sections of this form must be filled out completely for allow-	
	3/12/82	iile)	 able 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 auch change of condition. Separate Forma C+104 must be filed for each pool in multiply completed wells. 	
	(D	ale)		