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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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-11
Effective 1-1-65

RECEIVED

JUN 4 1981

O. C. D.

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:	Request for allowable (see attached letter!)	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Casinghead Gas MUST NOT BE	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	FLARED AFTER 8-1-81	
	Dry Gas <input type="checkbox"/>	UNLESS AN EXCEPTION TO Rule 306	
	Condensate <input type="checkbox"/>	IS OBTAINED	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Hinkle State	Well No. 2	Pool Name, including Formation East East Red Lake, Q-G	Kind of Lease State, XXXXXXX STATE	Lease No. E10068
Location				
Unit Letter B	990	Feet From The North	Line and 1650	Feet From The East
Line of Section 25	Township 16-S	Range 28-E	, NMPM, Eddy County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Not Connected	Address (Give address to which approved copy of this form is to be sent) ---					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 25	Twp. 16-S	Pge. 28-E	Is gas actually connected? NO	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-9-80	Date Compl. Ready to Prod. 3-26-81		Total Depth 1700		P.B.T.D. 1678			
Elevations (DF, RAB, RT, CR, etc.) 3594.35 GL	Name of Producing Formation Penrose		Top Oil/Gas Pay 1640		Tubing Depth 1620			
Perforations 1642-54	0.44"	12 holes			Depth Casing Shoe 1694			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12"	10"	97'	None-pulled
10"	8-5/8"	297'	100 sx "C", 2% CaCl
8"	7"	1437'	None-pulled
6"	4-1/2"	1694	250 sx "C", 50/50 Poz mi

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 5-8-81	Date of Test 5-12-81	Producing Method (Flow, pump, gas lift, etc.) flow	
Length of Test 24 hours	Tubing Pressure 0-150	Casing Pressure 220	Choke Size 12/64
Actual Prod. During Test 14	Oil - Bbls. 14	Water - Bbls. 0	Gas - MCF 5.6

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.

E. F. Jones
(Signature)

Production Superintendent

6-1-81

(Title)

(Date)

OIL CONSERVATION COMMISSION

JUN 09 1981

APPROVED _____, 19

BY *W. A. Gussert*

TITLE *WIDESPREAD DISTRICT*

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.