Submit 5 Copies	State of 1	New Mexico	
Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240	Energy, Minerals and Na	atural Resources Department	Form C-104 Revised 1-1-89 RECEIVEDERE Instructions
DISTRICT II P.O. Drawer DD, Artenia, N14 88210		ATION DIVISION Box 2088	at Bottom of Page MAR 2 7 1991
DISTRICT III	Santa Fe, New N	Mexico 87504-2088	0. C. D.
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWA	BLE AND AUTHORIZATION	
Operator Beach Exploration		We	II API No.
Address		3	0-015-
Reason(s) for Filing (Check proper box)		79701 Other (Please explain)	
New Well	Change in Transporter of: Oil Dry Gas	Name Change due	to Unitization for
Change in Operator	Casinghead Gas Condensate	Waterflood proje	ct. Hinkle State #2
f change of operator give name nd address of previous operator			
I. DESCRIPTION OF WELL	, AND LEASE		
Lesse Name Red Lake Unit	Well No. Pool Name, Includ		d of Lease Lease No. e, Federal or Fee
Location	4 Red Lake	e, EastQn.Grybg.	
Unit Letter _B	: Feet From The	lorth Line and 1650	Feet From TheEastLine
Section 25 Townsh	ip 16S Range 28	Е , ММРМ,	Eddy County
II. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	JRAL GAS	
vame of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Casin		P.O. Box 1183 Houston Address (Give address to which approv	
f well produces oil or liquids, ve location of tanks.	Unit Sec. Twp. Rge. N 25 16S 28E	Is gas actually connected? Why	en ?
this production is commingled with that	from any other lease or pool, give comming	ling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	
Designate Type of Completion	- (X)	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
erforations	<u> </u>	<u> </u>	Depth Casing Shoe
			Depart chang shoe
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD	
		DEFINISEI	SACKS CEMENT
. TEST DATA AND REQUES IL WELL (Test must be after r			· · · · ·
ate First New Oil Run To Tunk	recovery of total volume of load oil and must Date of Test	Producing Method (Flow, pump, gas lift,	is depth or be for full 24 hours.) etc.)
ength of Test	Tubics Descent		
	Tubing Pressure	Casing Pressure	Choke Size 24 - 5 - 9/
ctual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCFW It Rame Con
		I	
	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
ctual Prod. Test - MCF/D			Gravity of Condensate
ctual Frod. Test - MCF/D sting Method (pilol, back pr.)	Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shui-in)	Gravity of Condensate Choke Size
ictual Prod. Test - MCF/D Setting Method (pilot, back pr) I. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and t	Tubing Pressure (Shut-in) ATE OF COMPLIANCE ations of the Oil Conservation	Casing Pressure (Shui-in)	
I. OPERATOR CERTIFIC.	Tubing Pressure (Shut-in) ATE OF COMPLIANCE ations of the Oil Conservation	Casing Pressure (Shui-in)	Choke Size
Actual Prod. Test - MCF/D esting Method (pilot, back pr) I. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my k Signifume	Tubing Pressure (Shut-in) ATE OF COMPLIANCE ations of the Oil Conservation that the information given above mowledge and belief.	Casing Pressure (Shui-in) OIL CONSERV Date Approved	Choke Size ATION DIVISION APR - 1 1991
Signature Beach Exploration, I	Tubing Pressure (Shut-in) ATE OF COMPLIANCE ations of the Oil Conservation that the information given above mowledge and belief.	Casing Pressure (Shui-in) OIL CONSERV Date Approved ByORIGINAL SIG	Choke Size ATION DIVISION APR - 1 1991 NED BY
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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 filled for each pool in multiply completed wells.