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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROPRATION 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-110  
Effective 1-1-85

RECEIVED

SEP 22 1981

O. C. D.

ARTESIA, OKLAHOMA

Operator BEACH EXPLORATION, INC.	
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:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO STATE 36	Well No. 6	Pool Name, Including Formation E. Red Lake, Queen/Grayburg	Kind of Lease State, Federal or Fee STATE	Lease No. L-1603
Location Unit Letter A : 981 Feet From The East Line and 330 Feet From The North Line of Section 36 Township 16-S Range 28-E, NMPM, EDDY County				

III. 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 CORP.	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) 100 Pioneer Bldg., Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 36	Twp. 16-S	Rge. 28-E	Is gas actually connected? YES	When 1979 8-25-81

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					
Date Spudded Feb., 1981	Date Compl. Ready to Prod. July 1981		Total Depth 1900		P.B.T.D. 1898			
Elevations (DF, RKB, RT, GR, etc.) 3718 D.F.	Name of Producing Formation Penrose		Top Oil/Gas Pay 1812		Tubing Depth 1792			
Perforations 1814-25 12 holes					Depth Casing Shoe 1898			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" 20#		325		150 sx "C"			
8"	7" 20#		1625		Mudded off & pulled			
6-1/4"	4 1/2" 10.50#		1898		175 sx 50/50 poz mix "C"			

V. 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)

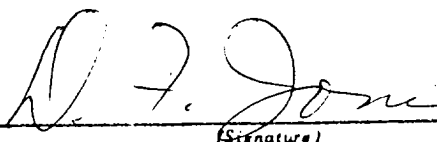
Date First New Oil Run To Tanks 8-25-81	Date of Test 8-25-81	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 0-50#	Casing Pressure 280#	Choke Size 24/64
Actual Prod. During Test	Oil-Bbls. 8.3	Water-Bbls. 1.0	Gas-MCF 12.3

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.



Production Supervisor

9-6-81

(Title)

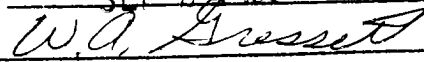
(Date)

OIL CONSERVATION COMMISSION

APPROVED

SEP 24 1981

BY



TITLE

SUPERVISOR, DISTRICT II

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 filled for each pool in multiply