Submit 5 Copies Appropriate District Office		New Mexico atural Resources Department	Form C-104 Revised 1-1-89
DISTRICT J P.O. Box 1980, Hobbs, NM 88240	C CONSERV	ATION DIVISION	at Bottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. 1	Box 2088 Mexico 87504-2088	AUG 2 (1992
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			O. C. D.
I.	REQUEST FOR ALLOWA	IL AND NATURAL GAS	
Beach Explorat	ion, Inc.		Well API No.
Address 800 N. Marienf	eld Ste. 200 Midland	, Texas 79701	
Reason(s) for Filing (Check proper box		Cother (Please explain)	
Recompletion	Oil 🗽 Dry Gas		
Change in Operator	Casinghead Gas Condensate		
and address of previous operator II. DESCRIPTION OF WEL	L AND LEASE		
Lease Name	Well No. Pool Name, Inclu	·	Kind of Lease Lease No. State, Federal or Fee
Red Lake Unit		<u>ke, East Qn.Grybr</u>	<u>d</u> .
Unit LetterJ	:1740 Feet From The	South Line and 231	0 Feet From The East Line
Section 25 Towns	hip 16S Range 28E	, NMPM, Edd	Y County
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER OF OIL AND NATU		
Lantern Petrole			proved copy of this form is to be sent) Midland, Texas 79702
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas		proved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.		. Is gas actually connected?	When ?
If this production is commingled with the IV. COMPLETION DATA	N 25 16S 28E	gling order number:	· · · · · · · · · · · · · · · · · · ·
	Oil Well Gas Well	New Well Workover De	epen Plug 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	
Perforations			Tubing Depth
			Depth Casing Shoe
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD	
		DEPTH SET	SACKS CEMENT
. TEST DATA AND REQUE	ST FOR ALLOWABLE		
DIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volume of load oil and mus Date of Test	t be equal to or exceed top allowable	for this depth or be for full 24 hours.)
ength of Test	The second produced (Flow, pump, gas ligt, etc.)		
Actual Prod. During Test		Casing Pressure	Choke Size
The first buing reat	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL Actual Prod. Test - MCF/D	1	4	
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
esting Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I. OPERATOR CERTIFIC	CATE OF COMPLIANCE		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION DIVISION	
h i i i i i i i i i i i i i i i i i i i	mowledge and belief.	Date Approved	AUG 2 8 1992
Signature			
Barbara Watson Production Printed Name		By ORIGINAL SIGNED BY MIKE WILLIAMS	
8-25-92 Date	Title 915/683-6226	Title	DR, DISTRICT I
INSTRUCTIONS	Telephone No.		

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

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 filed for each pool in multiply completed wells.