Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240		State of New Mexico Inergy, Minerals and Natural Resources Dep.					RECEIVED Form C-104 Revised 1-1-89 See Instructions		
DISTRICT II P.O. Drawer DD, Anesia, NM 8821	01L CON	VATION DIVISION D. Box 2088			at Bottom of Page		ttom of Page		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87	2410	Fe, New	Mexico 87		DE		1 50		
I. ¹	REQUEST FOR A	LLOW	ABLE AND	AUTHOP		D. C. D.	00	í.	
Operator Basel B. 1		<u>OHIC</u>	DIL AND N	ATURAL (2MS	API No.	\ 4	<u>1</u>	
Beach Exploration									
800 N. Marienfeld Reason(s) for Filing (Check proper b	Suite 200 Midland,	, Texa:	s 79701						
New Well	Ox) Change in Transp	orier of	<u> </u>	her (Please exp	olain)				
Recompletion	Oil 🗌 Dry G	ias 🗌]						
If change of operator give same	Casinghead Gas Conde John H. Trigg P.O.		20 1	1 1 1					
II.) DESCRIPTION OF WE		DOX 5	20 Roswel	I, New M	lexico	88202			
Lease Name	Well No. Pool N	lame, Inclu	iding Formation						
Government Location	3 Red	Lake-	-QN-GB-SA	, East		Federal or Fee		lease No.	
Uait Letter	P 330 For F	T L	South Lin	99	0			<u> </u>	
25	165	28 E	Lio	e and	F	eet From The	East	Line	
100	RangeRange_	·····		МРМ,	Eddy	/			
II. DESIGNATION OF TR Name of Authorized Transporter of O		<u>D NATI</u>	URAL GAS						
<u>Navajo</u> Refining	kx l		Address (Giv P.O. H	e address io w Box 159	hich approved	copy of this for	m is to be se	10	
ame of Authorized Transporter of Casinghead Gas <u>KX</u> or Dry Gas Phillips 66 Ntural Gas			P.O. Box 159 Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent) Bartloowillo						
f well produces oil or liquids, ive location of tanks.	Rge	Bartlesville, OK tge. Is gas actually connected?							
	Unit Sec. Twp. 84 25 168	1201	V		when	17			
this production is commingled with the V. COMPLETION DATA	at from any other lease or pool, giv	e comming	gling order numb	xer:					
Designate Type of Completion	On - (X)	fas Well	New Well	Workover	Deepen	Piug Back Sa	une Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		I	Ļ Ĺ			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					P.B.T.D.			
forations			Top Oil/Gas Pay			Tubing Depth			
TOTALIOUE			- I		· · · · · · · · · · · · · · · · · · ·	Depth Casing S	hoe		
	TUBING, CASIN	GAND	CEMENTIN	C PECODI					
HOLE SIZE	CASING & TUBING SI	ZE	D CEMENTING RECORD			SACKS CEMENT			
							Port ID-3		
						12-21-90			
TEST DATA AND REQUI	ST FOR ALLOWABLE						ng ap		
LWELL (Test must be after the First New Oil Run To Tank	recovery of total volume of load oil	and must	be equal to or e	xceed top allow	vable for this	depik or he for t			
	Date of Test		Producing Met	nod (Flow, pun	φ, gas lift, et	c.)	47 NOWS	. <u>,</u>	
ngth of Test	Tubing Pressure		Casing Pressure			Choke Size			
ual Prod. During Test	Oil - Bbls.		Water - Bbis						
			······································			Gas- MCF			
AS WELL ual Prod. Test - MCF/D	l anoth of Tax								
	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
ing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
OPERATOR CERTIFIC	ATE OF COMPLEXES		·····						
		E	0					l •	
Division have been complied with and that the information given above strue and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION DEC 1 8 1990						
All I			Date A	pproved		T 0 1320			
gnature	The A				1.010-				
William N. Beach President			By ORIGINAL SIGNED BY						
<u>1t-30-90</u> 915/683-6226			SUPERVISOR, DISTRICT I						
	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 with Rule 111. (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.