Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Aneria, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Dep

nent # Comments

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3 '90

Form C-104 Revised 1-1-89 See Instructions

at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION C. D.

1 <u>I.</u> ′	-	TOTRA	NICEC	DTA	IL AND NA	AUTHOR	SIZALION	A OFFICE		LÍ
Operator		7	ii Vor Or	ni U	IL AND NA	TUHAL	SAN			
Beach Exploration	, Inc.						We	I API No.		
Address										
800 N. Marienfeld	Suite 20	0 Midl	and, T	exas	79701					
Reason(s) for Filing (Check proper b	ox)				Oth	er (Please exp	dain)			
Recompletion		Change in		r of:	_					
Change in Operator	Oil		Dry Gas	ᆜ						
If change of country plus party	Casinghe		Condensat	e 📗						
and address of previous operator	John H. T	rigg P	.O. Bo	x 52	O Roswell	New M	evico	00202		
II.) DESCRIPTION OF WE	LLANDIE	ACE				- y 11CW 11	EXICO	88202		
Lease Name	DE AND LE		Dool Name	. In also I						
Government		4	Red L	ake⊸(ing Formation QN-GB-SA,	Fact	Kind	of leave		Lease No.
Location					qu ob bii,	Last	300	Federal or Fe	e	
Unit Letter G	23	10 .		1	AT					
··············		101	reet From	The!	North Line	and1	<u>980 </u>	eet From The	East	Li
Section 25 Town	aship 16S	1	Range 2	28E	ND.	IPM,	F44.			
TIT DEPOSIT						IFMI,	Eddy	<u>/</u>		County
III. DESIGNATION OF TR.	ANSPORTE	R OF OIL	AND N	UTAN	RAL GAS					
	1 😾	or Condensa	ie	7	Address (Give	address to wi	hich approve	copy of this	orm is to be e	ent)
Navajo Refining Name of Authorized Transporter of Casinghead Gas KX or Dry Gas					Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, New Mexico 88210					
Phillips 66 Ntural	tinghead Gas	KX c	r Dry Gas		Address (Give	address to w	hich approve	copy of this	orm is to be s	ent)
If well produces oil or liquids,		<u> </u>			Dallie	sville,	OK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
give location of tanks.	Unit		wp.		is gas actually	connected?	When	?		
If this production is commingled with the LV. COMPLETION DATA	Hat from any orbi	25 1	6S 2	29E	Yes		L			
IV. COMPLETION DATA	- violii ally our	or rease or po	OI, gave co	annugu	ing order numbe	er:				
Decision of the second		Oil Well	Gas V	Vell	New Well	111				
Designate Type of Completic		1	i		I HEM MEIL	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Comp	I. Ready to Pi	rod.		Total Depth			10000		
Florations (DE DER DE CE					-			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	ation		Top Oil/Gas Pa	y		Tubing Dept		·
Perforations								Tooling Dept	11	
					· · · · · · · · · · · · · · · · · · ·			Depth Casing	Shoe	
	77	IDDIG G								
HOLE SIZE	- 10	DRING, C	ASING A	AND (CEMENTING)			
	CAS	CASING & TUBING SIZE				EPTH SET		SACKS CEMENT		
								Pos		3
								12	-21-90	<u> </u>
TECT DAMA AND								<u> </u>	chy of	
TEST DATA AND REQUE	ST FOR AL	LLOWAB	LE		·			L	/ کے	
DIL WELL (Test must be after Date First New Oil Run To Tank	recovery of 1010	d volume of le	oad oil and	i musi b	e equal to or ex	ceed top allow	vable for this	denth or he C	- 6.21 9.4 1	•
ARE THE NEW OIL KUIL TO 18HK	Date of Test			1	Producing Metho	od (Flow, pur	p. gas lift. et	c.)	F Juli 24 hours	5.)
ength of Test						•				
	Tubing Press	ure		ſ	Casing Pressure			Choke Size		
ctual Prod. During Test	Oil - Bbls.									
-	Oil - Bois.				Water - Bbls.			Gas- MCF		
GAS WELL	<u></u>		···							
ctual Prod. Test - MCF/D	II and of the									
	Length of Te	Si.			bls. Condensate	MMCF		Gravity of Co	dentate	
sting Method (pitot, back pr.)	Tubing Press	in (Shirt in)						,		
		in (Situt-III)		C	asing Pressure ((Shut-in)		Choke Size		
I, OPERATOR CERTIFIC	ATE OF	201 (DI 1		r-						
					OII	00116				
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 controlled to the best of months.					OIL	- CONS	ERVA	TION D	IVISION	1
is true and complete to the best of my	knowledge and t	elief.	JV6	- #			050			•
J/III C	12 /	/			Date Ap	proved	UEU	1 8 1990		
Signature Signature	15	Ack			•					
William N. Beach	/ Pr	esident		-	Ву	ORIGIN	LAL SIGN	ED BY	i (C	
Printed Name				-	-	MIKE V	VILLIAMS		- 	
11-30-90 Date	915/	Title 683-622	6		Title			ISTRICT I	K	
L'ett		Telephone	No.	-	- 					
INSTRUCTIONS, THE										

TIONS: 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.