

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

JUL 19 '94

WELL API NO.	30-015-24016
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/> <i>Fed</i>
6. State Oil & Gas Lease No.	

O. C. D.

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		ARTESIA, OFFICE	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Lease Name or Unit Agreement Name Red Lake Unit	
2. Name of Operator Beach Exploration, Inc. ✓		8. Well No. 12	
3. Address of Operator 800 N. Marienfeld Ste. 200 Midland, Texas 79701		9. Pool name or Wildcat Red Lake, Wast	
4. Well Location Unit Letter <u>I</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>16S</u> Range <u>28E</u> NMMP Eddy County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Returning to Production ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Beach Exploration, Inc. wishes to advise that the Red Lake Unit #12 will be returned to production effective 7-15-94. Well was previously a water injection well in the Red Lake Waterflood Unit.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Barbara Watson TITLE Production DATE 7-19-94

TYPE OR PRINT NAME Barbara Watson TELEPHONE NO. 915/683-6226

(This space for State Use)

APPROVED BY Accepted for Record TITLE Accepted for Record DATE 8/2/94

CONDITIONS OF APPROVAL, IF ANY:

Record Only. Will resubmit on Fed. Form.
8/2/94