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

Ene Minerals and Natural Resources Department

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

TO TRANSPORT OIL AND NATURAL GAS

AUG 2 7 1992

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION OF C. D.

Operator  Beach Exploration, Inc.								Well API No. 30-015-25375				
Beach Exploration, Inc. Address								30-013-23373				
800 N. Marienfo	eld Ste	e. 200	) M:	idland,	Texas	79701						
Reason(s) for Filing (Check proper box)					4 Oth	er (Please expl	ain)			· <del>····</del>		
New Well	014	Change in										
Recompletion	Oil Codto		Dry									
If change of operator give name	Casinghe	ad Gas	Conc	densate					<del></del>	<del></del>		
and address of previous operator					<del>-</del>				<del></del>	<del></del>		
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No.   Book Name   Inches												
Exxon Federal	Well No. Pool Name, Includi 2 High Lon			_	Dileen		Kind of Lease ED. State, Federal or Fee		Lease No. NM 26072			
Location	<del></del>	330 130	1	1911 2011	,	200011						
Unit Letter O	:	130	_ Feet	From The So	uth Lin	e and	650 F	eet From The	East	Line		
Section 18 Towns	<sub>iip</sub> 16S		Rang	29E	, NI	MPM, I	Eddy			County		
III. DESIGNATION OF TRA	NSPORTE	CR OF O	IL A	ND NATU	RAL GAS							
Lantern Petrole		Address (Give address to which approved copy of this form is to be sent) P.O. Box 2281 Midland, Texas 79702										
Name of Authorized Transporter of Casinghead Gas or Dry Gas GPM Gas Corp.					Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762							
If well produces oil or liquids,	Sec. Twp. Rge.			· · · · · · · · · · · · · · · · · · ·		When						
give location of tanks.	P			5S 29E	1	Ýes		7-1-92		2		
If this production is commingled with tha IV. COMPLETION DATA	t from any oth	her lease or	pool, į	give comming!	ling order numi	ber:						
Designate Type of Completion	ı - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth	L	L	P.B.T.D.		ـــــــ		
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	oducing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations								Lucing Deput				
								Depth Casing Shoe				
	ī	UBING,	CAS	ING AND	CEMENTIN	NG RECORI	<u> </u>	<u> </u>				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<del> </del>	·							TOTAL OF THE	***		
	<del> </del>	<del></del>										
V TEST DATA AND DEGUE							<del></del>					
V. TEST DATA AND REQUE OIL WELL  Test must be ofter.	ST FOR A	LLOWA	ABLE	E		· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>		<del></del>		
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)											
Length of Test  Tubica Page					and the state of t							
	Tuoing Pressure				Casing Pressu	re		Choke Size				
Actual Prod. During Test				Water - Bbis.			Gas- MCF					
GAS WELL	.l.,			<u>-</u>				<u> </u>	, <u> </u>			
Actual Prod. Test - MCF/D Length of Test					Bbls. Condens	ale/MMCE		T 24				
esting Method (pitot, back pr.) Tubing Pressure (Shire in)						-withich		Gravity of Condensate				
(Sittle-III)				(Sild-in)				Choke Size				
I. OPERATOR CERTIFIC	ATE OF	COMPI	IAN	VCE	[	··	<del></del>					
Division have been complied with and that the Oil Conservation					0	IL CON	SERVA	TION D		\		
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							
Sellera Matrin					Date ApprovedAU6 2 8 1992							
Signa Barbara Watson Production					By ORIGINAL SIGNED BY							
Printed Name 8-25-92 915/683-6226					II WINE WILLIAMO							
Date Telephone No.					Title SUPERVISOR, DISTRICT IF							

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.