			S	tate of N	lew Mexico				
Submit 5 Copies Appropriate District Office DISTRICT J		iergy, N،	Minerals	and Na	tural Resources Departm	Icuit		Form C-104 Revised 1-1-89 See Instruction	
P.O. Box 1980, Hobbs, NM 88240		OIL C	ONS		ATION DIVISIO)N	RECEIVED	at Bottom of P	abe 15 t
P.O. Drawer DD, Artesia, NM 88210		Sa	inta Fe,		ox 2088 Iexico 87504-2088		APR 1 8 199	91	ج ^ر اح ۲۷
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		JEST F		LOWA	BLE AND AUTHOR	IZATION	O. C. D.		· \
I.		TO TRA	ANSPO	ORT OI	LAND NATURAL G	AS	ARTESIA, OFFIC	CE	
Operator Beach Exploration	n, Inc.					•	API № . 001525557	7	
Address 800 N.Marienfeld	Ste. 20	0 Midl	and, '	ſexas	79701		_,, _ , , , , , _ , ,, ,, ,, ,, ,, ,, ,,		
Reason(s) for Filing (Check proper box		·····			Other (Please exp	lain)		<u>_</u>	
New Well	Oil	Change in	Transpo Dry Ga		Name Chang	e due to	o Unitizati	Lon for	
Change in Operator		ad Gas 🗌		<u> </u>	Waterflood	project	• Max Fede	eral #3	
If change of operator give name and address of previous operator	hE E	AST 1	AND	Di	1 Co.				
II. DESCRIPTION OF WEL	L AND LE								
Lease Name Red Lake Unit		Well No. 9			ing Formation		of Lease Federal or Fee	Lease No	L.
Location		!	<u> </u>	а цаке	, East		1		 ,
Unit LetterE	:3	30	Feet Fro	m The	West_Line and23	<u>10</u> Fe	et From The	North	_Line
Section 3() Towns	ship 16S		Range	29E	, NMPM,	I	Eddy	Cou	ntv
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III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		OF OF O		<u>D NATU</u>	RAL GAS Address (Give address to w	hick approved	com of this form	is to be sent)	
Permian	k z			J	P.O. Box 1183	Houston,	Texas		
Name of Authorized Transporter of Cas	inghead Gas		or Dry (Jas 🔛	Address (Give address to w	hich approved	copy of this form	is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.		Is gas actually connected?	When	?	 ,,	
	I N I	25	1 160						
If this production is commingled with the			<u>165</u>	28E		I			
If this production is commingled with the IV. COMPLETION DATA					ling order number:				
IV. COMPLETION DATA	at from any oth		pool, give		ling order number:	Deepen	Plug Back San	ne Res'v Diff F	les'v
If this production is commingled with the IV. COMPLETION DATA Designate Type of Completio Date Spudded	at from any oth	her lease or	pool, give	e comming		Deepen	Ļ İ	ne Res'v Diff F	les'v
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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. With Rule 111.
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.