Nithmit 5 Conies		State of N	New Mexico	~		-	
Submit 5 Copies Appropriate District Office DISTRICT J P.O. Ber 1980 Units bld 1989 to	Energy, M		tural Resources Dep	a .ænt	KECEIVED	Form C-104 Revised 1-1-89 C See Instructions	
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Anesia, NM 88210	OIL C		ATION DIVIS	SION	NOV - 4 199	at Bottom of Page	
DISTRICT III	Sar		1exico 87504-2088	3		-	
1000 Rio Brazos Rd., Aztec, NM 87410)					(·)	
I. Operator			BLE AND AUTH	GAS			
Beach Exploration	, Inc.				Well API No.		
Address 200 N Marri on Fold			······		30-015-2	5606	
800 N. Marienfeld Reason(s) for Filing (Check proper box)	Ste. 200 Midla	and, Texas		andein		······································	
New Well	Change in	Transporter of:		ехрат			
Recompletion		Dry Gas					
If change of operator give name		Condensate					
	ntex Resources,	<u>P.0. Box</u>	<u>ll, Dallas, T</u>	exas 7	5243		
II. DESCRIPTION OF WELL Lease Name		Pool Name, Includ	ling Engration	······			
Shiloh Federal	Chilch D. L. J		esome (Oueen)		Kind of Lease State, Federal or Fee	Lease No.	
Location		<u></u>		<u></u> L_		<u>IC 062996</u>	
Unit Letter	:2310;	Feet From The \underline{N}	orth Line and	1650	Feet From The	West_Line	
Section 17 Townsh	nip 165	Range 29E	, NMPM,	Edd	1.7	Country	
U. DESIGNATION OF TRAN	NSPORTER OF OII	L AND NATU			<u>.</u>	County	
Name of Authorized Transporter of Oil Navajo Crude Oil	or Condens:	ale	Address (Give address				
Name of Authorized Transporter of Casin	nghead Gas	or Dry Gas	P.O. Box Draw	ver 159,	Artesia, Ne	W. Mexico 8821	
None			Address (Give address	ю which appi	rowed copy of this form	n is to be sent)	
if well produces oil or liquids, ive location of tanks.	Unit Sec. Twp. Rge E 17 165 29E		Is gas actually connected? When		When ?	1 ?	
f this production is commingled with that V. COMPLETION DATA		ool, give comming	ling order number: _				
Designate Type of Completion	Oil Well	Gas Well	New Well Workov	er Deep	en Plug Back S	ame Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to I	 Prod.	Total Depth			i	
Elevations (DF, RKB, RT, GR, etc.)					P.B.T.D.		
			Top Oil/Gas Pay		Tubing Depth	Tubing Depth	
CHORADODE			I		Depth Casing S	Shoe	
CITOR 2UOD8	TURNO				Depth Casing S	ihoe	
HOLE SIZE	TUBING, C	CASING AND	CEMENTING REC				
	TUBING, C CASING & TUB	CASING AND	CEMENTING REC			CKS CEMENT	
	TUBING, C CASING & TUB	CASING AND			SAC		
HOLE SIZE		NNG SIZE			SAC	CKS CEMENT	
HOLE SIZE	CASING & TUB	NNG SIZE	DEPTH S	SET	SAC Part 12- ch	CKS CEMENT 2 D - 3 12 - 9 S 7 7 7 7 7 7 7 7 7 7 7 7 7	
HOLE SIZE		NNG SIZE	DEPTH S	SET	SAC Fast J2- ch of this depth or be for	CKS CEMENT 2 D - 3 12 - 9 S 7 7 7 7 7 7 7 7 7 7 7 7 7	
HOLE SIZE 7. TEST DATA AND REQUES 11. WELL (Test must be after a Sate First New Oil Run To Tank	CASING & TUB ST FOR ALLOWAI recovery of total volume of Date of Test	NNG SIZE	DEPTH S	SET	SAC Fast J2- ch of this depth or be for	CKS CEMENT 2 D - 3 12 - 9 S 7 7 7 7 7 7 7 7 7 7 7 7 7	
HOLE SIZE T. TEST DATA AND REQUES T. TEST DATA AND REQUES DIL WELL (Test must be after the Nate First New Oil Run To Tank tength of Test	CASING & TUB ST FOR ALLOWAI recovery of Iotal volume of	NNG SIZE	DEPTH S	SET	SAC Fast J2- ch of this depth or be for	CKS CEMENT 2 D - 3 12 - 9 S 7 7 7 7 7 7 7 7 7 7 7 7 7	
HOLE SIZE 7. TEST DATA AND REQUES DIL WELL (Test must be after to Sate First New Oil Run To Tank Length of Test	CASING & TUB CASING & TUB ST FOR ALLOWAI recovery of total volume of Date of Test	NNG SIZE	DEPTH S	SET	SAI Part 12- 12- ch 0 r this depth or be for.	CKS CEMENT 2 D - 3 12 - 9 S 7 7 7 7 7 7 7 7 7 7 7 7 7	
HOLE SIZE . TEST DATA AND REQUES . TEST MUSI be after	CASING & TUB CASING & TUB ST FOR ALLOWAI recovery of total volume of Date of Test Tubing Pressure	NNG SIZE	DEPTH S be equal to or exceed top Producing Method (Flow Casing Pressure	SET	sAi Pert 12- ch r this depth or be for ign, etc.) Choke Size	CKS CEMENT 2 D - 3 12 - 9 S 7 7 7 7 7 7 7 7 7 7 7 7 7	
HOLE SIZE T. TEST DATA AND REQUES T. TEST DATA AND REQUES DIL WELL (Test must be after) Sate First New Oil Run To Tank ength of Test actual Prod. During Test GAS WELL	CASING & TUB ST FOR ALLOWAI recovery of total volume of Date of Test Tubing Pressure Oil - Bbls.	NNG SIZE	DEPTH S be equal to or exceed top Producing Method (Flow Casing Pressure Water - Bbls.	allowable fo	SA(Part 12- ch 12- ch 12- ch 2	CKS CEMENT 2 0 - 3 12 - 9.3 full 24 hours.)	
HOLE SIZE . TEST DATA AND REQUES IL WELL (Test must be after r Pate First New Oil Run To Tank ength of Test ctual Prod. During Test GAS WELL ctual Prod. Test - MCF/D	CASING & TUB CASING & TUB ST FOR ALLOWAI ST FOR ALLOWAI recovery of total volume of Date of Test Tubing Pressure Oil - Bbls.	NING SIZE	DEPTH S be equal to or exceed top Producing Method (Flow Casing Pressure	allowable fo	sAi Pert 12- ch r this depth or be for ign, etc.) Choke Size	CKS CEMENT 2 0 - 3 12 - 9.3 full 24 hours.)	
HOLE SIZE . TEST DATA AND REQUES DIL WELL (Test must be after 1) Date First New Oil Run To Tank ength of Test actual Prod. During Test GAS WELL actual Prod. Test - MCF/D	CASING & TUB ST FOR ALLOWAI recovery of total volume of Date of Test Tubing Pressure Oil - Bbls.	NING SIZE	DEPTH S be equal to or exceed top Producing Method (Flow Casing Pressure Water - Bbls.	allowable fo	SA(Part 12- ch 12- ch 12- ch 2	CKS CEMENT 2 0 - 3 12 - 9.3 full 24 hours.)	
HOLE SIZE . TEST DATA AND REQUES DIL WELL (Test must be after r Pate First New Oil Run To Tank ength of Test actual Prod. During Test GAS WELL actual Prod. Test - MCF/D Esting Method (piiat, back pr.) I. OPERATOR CERTIFIC	CASING & TUB ST FOR ALLOWAI recovery of total volume of Date of Test Tubing Pressure Oil - Bbls.	BLE BLE load oil and muss	DEPTH S DEPTH S be equal to or exceed top Producing Method (Flow Casing Pressure Water - Bbls. Bbls. Condensate/MMC	allowable fo	SA(J2- J2- Marker J2- J2- J2- Choke Size Gas- MCF Gravity of Conc	CKS CEMENT 2 0 - 3 12 - 9.3 full 24 hours.)	
HOLE SIZE . TEST DATA AND REQUES . TEST DATA AND REQ	CASING & TUB ST FOR ALLOWAI recovery of total volume of Date of Test Tubing Pressure Oil - Bbls.	BLE BLE load oil and muss	DEPTH S DEPTH S be equal to or exceed top Producing Method (Flow Casing Pressure Water - Bbls. Bbls. Condensate/MIMCI Casing Pressure (Shui-in	SET allowable fo v, pump, gas (SA(J2- J2- M I2- J2- Choke Size Choke Size Gas- MCF Gravity of Conc Choke Size	CKS CEMENT 2 D - 3 12 - 9 S full 24 hours.) Sensale	
HOLE SIZE HOLE SIZE TEST DATA AND REQUES IL WELL (Test must be after) Nate First New Oil Run To Tank rength of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Esting Method (pilot, back pr.) I. OPERATOR CERTIFIC I hereby certify that the rules and regula	CASING & TUB ST FOR ALLOWAI recovery of total volume of Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shui-in ATE OF COMPL ations of the Oil Conservati	BLE BLE load oil and muss	DEPTH S DEPTH S be equal to or exceed top Producing Method (Flow Casing Pressure Water - Bbls. Bbls. Condensate/MIMCI Casing Pressure (Shui-in	SET allowable fo v, pump, gas (SA(J2- J2- Marker J2- J2- J2- Choke Size Gas- MCF Gravity of Conc	CKS CEMENT 2 D - 3 12 - 9 S full 24 hours.) Sensale	
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HOLE SIZE HOLE SIZE TEST DATA AND REQUES IL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Desting Method (piiot, back pr.) T. OPERATOR CERTIFIC I hereby certify that the rules and regula Division have been complied with and r is true and complete to the best of my k AMAGMAN Signature	CASING & TUB CASING & TUB ST FOR ALLOWAI recovery of total volume of Date of Test Tubing Pressure Oil - Bbls. Uil - Bbls. Dil - Bbls. Coll - Coll	BLE BLE load oil and muss load oil and muss ion above	DEPTH S DEPTH S De equal to or exceed top Producing Method (Flow Casing Pressure Water - Bbls. Bbls. Condensate/MMCI Casing Pressure (Shut-in OIL CC Date Approv	o allowable fo v, pump, gas DNSER /ed	SAU Part 12- 12- 12- 12- Choke Size Choke Size Gas-MCF Gravity of Conc Choke Size VATION DI NOV 3 0 1	CKS CEMENT 2 0 -3 (2 -9 3 full 24 hours.) Sensale VISION 993	
7. TEST DATA AND REQUES DIL WELL (Test must be after i Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Esting Method (pilot, back pr.) 71. OPERATOR CERTIFIC I hereby certify that the rules and regula Division have been complied with and it is true and complete to the best of my k Additional Signature Barbara Watson Printed Name	CASING & TUB CASING & TUB ST FOR ALLOWAN ST FOR ALLOWAN recovery of total volume of Date of Test Tubing Pressure Oil - Bbls. Uil - Bbls. Length of Test Tubing Pressure (Shut-in ATE OF COMPL ations of the Oil Conservation that the information given a mowledge and belief.	BLE BLE load oil and muss load oil and load oil and load oil and load oil and load oil and load oil and load oil and load oil and load oil and load oil and load oil and load oil and load oil and load oil and load oil a	DEPTH S be equal to or exceed top Producing Method (Flow Casing Pressure Water - Bbls. Bbls. Condensate/MMCI Casing Pressure (Shut-in OIL CC	DNSER /ed ORIGII	SAA Part 12- 12- 12- 12- 12- 12- 12- 12- 12- 12-	CKS CEMENT 2 0 -3 2 -9 3 full 24 howrs.) Sensate VISION 993 Y	
HOLE SIZE . TEST DATA AND REQUES DIL WELL (Test must be after r bate First New Oil Run To Tank ength of Test . Constant of Test . Constant of Test . Constant of test - MCF/D . Constant of te	CASING & TUB CASING & TUB ST FOR ALLOWAI recovery of total volume of Date of Test Tubing Pressure Oil - Bbls. Uil - Bbls. Dil - Bbls. Coll - Coll	BLE BLE load oil and muss load oil and load oil and load	DEPTH S DEPTH S De equal to or exceed top Producing Method (Flow Casing Pressure Water - Bbls. Bbls. Condensate/MMCI Casing Pressure (Shut-in OIL CC Date Approv	DNSER /ed ORIGII	SAU Part 12- 12- 12- 12- 12- 12- 12- 12- 12- 12-	CKS CEMENT 2 0 -3 2 -9 3 full 24 howrs.) Sensate VISION 993 Y	

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.
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.

All sections of this form must be filled out for anowable of new and recompleted webs.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.