

157  
 27  
 OP

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

**OIL CONSERVATION DIVISION**

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

AUG 27 1992

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator <b>Beach Exploration, Inc.</b>	Well API No. <b>30-015-25646</b>
Address <b>800 N. Marienfeld Ste. 200 Midland, Texas 79701</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Exxon Federal</b>	Well No. <b>5</b>	Pool Name, including Formation <b>High Lonesome Queen</b>	Kind of Lease <b>FED. State, Federal or Fee</b>	Lease No. <b>NM26072</b>
Location Unit Letter <b>K</b> : <b>1650</b> Feet From The <b>South</b> Line and <b>1835</b> Feet From The <b>West</b> Line Section <b>18</b> Township <b>16S</b> Range <b>29E</b> , <b>NMPM</b> , <b>Eddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>Lantern Petroleum</b>	<input checked="" type="checkbox"/> or <input type="checkbox"/> Condensate	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2281 Midland, Texas 79702</b>
Name of Authorized Transporter of Casinghead Gas <b>GPM Gas Corp.</b>	<input type="checkbox"/> or <input type="checkbox"/> Dry Gas	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook, Odessa, Texas 79762</b>
If well produces oil or liquids, give location of tanks.	Unit <b>P</b>	Sec. <b>18</b>
	Twp. <b>16S</b>	Rge. <b>29E</b>
	Is gas actually connected? <b>Yes</b>	When? <b>7-1-92</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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 complete to the best of my knowledge and belief.

*Barbara Watson*  
 Signature  
**Barbara Watson**  
 Printed Name  
**8-25-92**  
 Date  
**Production**  
 Title  
**915/683-6226**  
 Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **AUG 28 1992**  
 By **ORIGINAL SIGNED BY**  
**MIKE WILLIAMS**  
 Title **SUPERVISOR, DISTRICT I**

- 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.
  - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.