Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

, Minerals and Natural Resources Departmen

AUG 2 7 1992

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 DISTRICT III

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

| 000 Rio Brazos Rd., Aztec, NM 87410 | | | ALLOWAB | | | ATION | 9 364. 1394) | • | | |
|---|--|------------------|--------------------------|--|---|-----------------|---|---------------|-------------|--|
| Denitor Beach Exploration, Inc. | | | | | | Well A | Well API No. 30-015-25733 | | | |
| Address 800 N. Marienfe | | | lidland, | Texas | 79701 | 1 | | | | |
| Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator | · · · · · · · · · · · · · · · · · · · | Change in Trai | nsporter of: | | t (Please expla | in) | | | | |
| f change of operator give name and address of previous operator | | | | | | | | | | |
| II. DESCRIPTION OF WELL | AND LEA | | | | | | | | | |
| Rosewood State | , <u>.</u> | | Name, Includi gh Lone | | | | Lease St. Lease No. Federal or Fee V616 | | | |
| Unit LetterL | :1 | 650 Fee | Sout | h Line | and | 0 F∞ | Eas et From The | t WES | Line | |
| Section 18 Township | , 16S | Rai | nge 29E | , NM | <u>ирм,</u> Е | Eddy | | | County | |
| III. DESIGNATION OF TRAN | SPORTEI | R OF OIL | AND NATU | RAL GAS | | | | | | |
| Name of Authorized Transporter of Oil or Condensate Lantern Petroleum | | | | | 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 | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. Tw | p. Rge. | le gas actually | connected? | When | 7 | | | |
| If this production is commingled with that IV. COMPLETION DATA | · | | | ing order numb | per: | | | | | |
| | OV) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back S | ame Res'v | Diff Res'v | |
| Designate Type of Completion Date Spudded | | l. Ready to Pro | d. | Total Depth | | <u> </u> | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | T, GR, etc.) Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | | Depth Casing Shoe | | | |
| | т | URING CA | SING AND | CEMENTIN | IC PECON | | | | ··· | |
| TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| V. TEST DATA AND REQUES | T FOR A | LLOWARI | F | | | | | | | |
| OIL WELL (Test must be after red) Date First New Oil Run To Tank | ecovery of to | al volume of la | | be equal to or | exceed top allo | wable for this | depth or be for | full 24 hours | .) | |
| Date find fiew oil Rull to Tank | Date of Tes | t | | Producing Me | thod (Flow, pu | mp, gas lift, e | Ic.) | | | |
| Length of Test | Tubing Pressure | | | Casing Pressure | | | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | | | Water - Bbls. | | | Gas- MCF | | | |
| GAS WELL | 1 | | | <u> </u> | | | | | | |
| Actual Prod. Test - MCF/D | Length of T | est | | Bbls. Condensale/MMCF | | | Gravity of Condensate | | | |
| esting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| VI. OPERATOR CERTIFIC | ATE OF | COMPLI | ANCE | | | | | | | |
| I hereby certify that the rules and regula Division have been complied with and to is true and complete to the best of my k | tions of the (| Dil Conservation | | | | | ATION D | | 1 | |
| Sarliana Matron | | | | Date Approved AUG 2 8 1992 | | | | | | |
| Signatura Watson | win | Produ | ction | Ву | - ORIGINA | AL SIGNE | D BV | | | |
| Printed Name 8-25-92 915/683-6226 | | | | MIKE WILLIAMS | | | | | | |
| Date 913/003-0226 | | | | | Title SUPERVISOR, DISTRICT IF | | | | | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

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.