| Submit 5 Copies Appropriate District Office DISTRICT 1 | | New Mexico atural Resources Department | Form C-104 Revised 1-1-89 See Instructions |
|-----------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------|
| P.O. Box 1980, Hobbs, NM 88240 DISTRICT II | | ATION DIVISION | ALL2 9 7 1000 |
| P.O. Drawer DD, Artesia, NM 88210 | | 30x 2088 Aexico 87504-2088 | AUG 2 7 1992 |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | REQUEST FOR ALLOWA | | Q. C. D. |
| | | L AND NATURAL GAS | |
| Beach Explorat: | ion, Inc. | | Well API No. |
| Address | | | • |
| 800 N. Marienfe Reason(s) for Filing (Check proper box) | eld Ste. 200 Midland | , Texas 79701 X Other (Please explain) | |
| New Well | Change in Transporter of: | | |
| Recompletion Change in Operator | Oil X Dry Gas Casinghead Gas Condensate | | |
| I change of operator give name | | | |
| I. DESCRIPTION OF WELL | | | · · · · · · · · · · · · · · · · · · · |
| Lease Name | Well No. Pool Name, Inclu | ding Formation | Kind of Lease No. |
| Red Lake Unit | 3 Red La | ke, East Qn.Grybro | State, Federal or Fee |
| Unit Letter P | . 330 East Error The | East Line and 430 | Feet From The South time |
| | | | Feet From The SOUT Line |
| Section 24 Townsh | ip 16S Range 28E | , NMPM, Eddy | County |
| II. DESIGNATION OF TRAN | SPORTER OF OIL AND NAT | JRAL GAS | |
| Name of Authorized Transporter of Oil Lantern Petroleu | Im or Condensate | | roved copy of this form is to be sens) |
| Name of Authorized Transporter of Casin | | Address (Give address to which app | idland, Texas 79702 rowed copy of this form is to be sent) |
| I well produces oil or liquids. | Unit Sec. Twp. Rge | | |
| ive location of tanks. | N 25 165 28E | i i | When ? |
| f this production is commingled with that V. COMPLETION DATA | from any other lease or pool, give commin | gling order number: | |
| | Oil Well Gas Well | New Well Workover Dee | pen Plug Back Same Res'v Diff Res'v |
| Designate Type of Completion Date Spudded | - (X) Date Compl. Ready to Prod. | Total Depth | pen Plug Back Same Res'v Diff Res'v |
| • | Date Compl. Ready to Prod. | | P.B.T.D. |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Perforations | | | Depth Casing Shoe |
| | | | Soper Casing Silve |
| HOLE SIZE | TUBING, CASING AND | CEMENTING RECORD | |
| | | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| . TEST DATA AND REQUES | ST FOR ALLOWABLE | · · · | |
| Cate First New Oil Run To Tank | ecovery of total volume of load oil and mus Date of Test | Producing Method (Flow, pump, gas | r this depth or be for full 24 hours.) |
| ength of Test | Tubing Descent | | · · · · · · · · · · · · · · · · · · · |
| | Tubing Pressure | Casing Pressure | Choke Size |
| actual Prod. During Test | Oil - Bbls. | Water - Bbis. | Gas- MCF |
| GAS WELL | I | I | |
| actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | |
| esting Method (pitot, back pr.) | | | Gravity of Condensate |
| | Tubing Pressure (Shui-in) | Casing Pressure (Shut-in) | Choke Size |
| I. OPERATOR CERTIFIC | ATE OF COMPLIANCE | 1 | |
| Division have been complied with and that do it. | | OIL CONSERVATION DIVISION | |
| is true and complete to the best of my knowledge and belief. | | | |
| | | 11 Date Approved | AUG 2 8 1992 |
| Bayling Mr. | The second | Date Approved | |
| Balland Dia | Tim | | |
| Barline Ma | Production | By <u>ORIGINAL SI</u> MIKE WILLIA | GNED BY |
| Signature Barbara Watson | Production Title 915/683-6226 Telephone No. | | GNED BY |

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. All sections of this form must be filled out for anowable on new and recompleted wells.
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.