Submit's Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions REALISTED Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

FEB 2 8 (30)

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

O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Beach Exploration, Inc. Address 800 N.Marienfeld Ste. 200 Midland, Texas 79701 Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion Oil Dry Gas Change in Operator \square Casinghead Gas Condensate If change of operator give name and address of previous operator Harken Exploration Company, P. O. Box 10626, Midland, 79702 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Pormation Kind of Loase Lease No. <u>State</u> "24' E. Red Lake Queen Graybu LG-3965 Location Peet From The _ 330 Feet From The East Line and Unit Letter ___ South 24 Township 16S 28E Eddy Range , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensale Address (Give address to which approved copy of this form is to be sent) XΓ Navajo Refining Company P. O. Drawer 159, Artesia, nM 88210 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, Unit Sec. Twp. Rge. Is gas actually connected? When? give location of tanks. 24 | 16s | 28E 0 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen | Plug Back | Same Res'v | Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Casing Pressure Choke Size Tubing Pressure Actual Prod. During Test Water - Bbis. Gas- MCF Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

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

is true and complete to the best of my knowledge and belief.

Signature Carl C. Beach

Printed Name

Date

2-25-91

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111

Title_

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SUPERVISOR, DISTRICT IT

ORIGINAL SIGNED BY MIKE WILLIAMS

Date Approved

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

Vice President

915/683-6226

Title

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.