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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Draw er DD, Artesia, NM 88210

## State of New Mexico Minerals and Natural Resources Department Ene

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

4UG 2 7 1992

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	DEOLIES		DR ALLOWAI				ATIOM =	Q. C. D.	Λ°E		
I.			NSPORT OIL					THE RESERVE	·.•		
Beach Explorati		Well A									
Address 800 N. Marienfe	ld Ste.	200	Midland,	Texas	79	701					
Reason(s) for Filing (Check proper box)		·- ·		Other	r (Pleas	e explain	)				
New Well	Cha		Transporter of:	<del></del>							
Recompletion	Oil		Dry Gas 📙								
Change in Operator	Casinghead Ga	25	Condensate					<del> </del>			
and address of previous operator	AND L DAGE										
II. DESCRIPTION OF WELL Lease Name			Pool Name, Includ	line Formation			T Wind	of Lease		ease No.	
Red Lake Unit		L		ke, East	Qn	.Gry				ase No.	
Location	330			East		165	3		South	 h	
Out Letter	-: <del></del> - 16S		Feet From The	Line	bas	·	ddy	et From The _		Line	
Section 24 Townshi	p 103		Range ZOE	, NM	IPM,		auy		· · · · · · · · · · · · · · · · · · ·	County	
III. DESIGNATION OF TRAN		OF OI									
Name of Authorized Transporter of Oil  Lantern Petroleu	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 Casin	Address (Give address to which approved				copy of this fo	rm is to be se	nt)				
If well produces oil or liquids, give location of tanks.	Unit Sec	25	Twp.   Rge. 16S  28E	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1							
If this production is commingled with that				ling order number	er:			<del>-</del>		<del></del>	
IV. COMPLETION DATA										···	
Designate Type of Completion	- (X)	il Well	Gas Well	New Well	Work	over	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. R	eady to	Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth		
Perforations	<u> </u>	<del></del> _	······································	<u> </u>	<del></del> -			Depth Casing	Shoe	<del></del>	
	חוד	DIC (	CACINIC AND	CEL CEL CEL			<del></del>				
HOLE SIZE	CASING	CEMENTING RECORD				0.000 0000					
	0.00.00	DEPTH SET				SACKS CEMENT					
										<del></del>	
V. TEST DATA AND REQUES	T FOR ALL	OWA	Ri E								
OIL WELL (Test must be after re	covery of ioial w	olume o	DLE [load oil and muss	be equal to or e	rcaad t	on allau	hia Canalii				
Date First New Oil Run To Tank	Date of Test			Producing Met	hod (Fi	ow, puny	o gas lift, e	depih or be for	or full 24 hour.	s.)	
Length of Test	Tubing Pressure	Casing Pressure				Choke Size					
Actual Prod. During Test	Oil - Bbls.			Water - Bbls			<del></del>	X-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
		Water - Bolk	Water - Hols.				Gas- MCF				
GAS WELL Actual Prod. Test - MCF/D								<u> </u>	·		
Accord 168 - WCEAD	Bbls. Condensate/MMCF				Gravity of Condensate						
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
I. OPERATOR CERTIFICATE OF COMPLIANCE				 				Cioce Size			
I nereby certify that the risles and reputa		II C			TION		<del></del>				
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.				OIL CONSERVATION DIVISION							
Du linea . Des	Date ApprovedAUG 2 8 1992										
Signature Only	P.				- 5 50		<del></del>				
Barbara Watson Printed Name	Pro	By ORIGINAL SIGNE MIKE WILLIAMS				D BA					
8-25-92 Date	915/68	Title SUPERVISOR, DISTRICT IF									

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.
- 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.