STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Beach Exploration, Inc. ✓

Address: 800 N. Marienfeld Suite 200 Midland, Texas 79701

Reason(s) for filing (Check proper box)

- [xx] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [x] Oil
- [ ] Casinghead Gas
- [ ] Dry Gas
- [ ] Condensate

Other (Please explain)

CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/24/88 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Exxon A Federal	1	High Lonesome (Queen)	Federal	NM26072

Location

Unit Letter H : 330 Feet From The East Line and ~~330~~ 2310 Feet From The North

Line of Section Sec. 18 Township 16S Range 29E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [xx] or Condensate [ ]: Permian SCURLOCK PERMIAN CORP EFF 9-1-91

Address (Give address to which approved copy of this form is to be sent): P.O. Box 1183 Houston, Texas

Name of Authorized Transporter of Casinghead Gas [xx] or Dry Gas [ ]: Phillips Petroleum

Address (Give address to which approved copy of this form is to be sent): 4001 Penbrook Odessa, Texas 79760

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	18	16S	29E	No	November 31, 1988

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

NOTE: *Complete Parts IV and V on reverse side if necessary.*

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

Barbara Watson
(Signature)

Production
(Title)

10-21-88
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 24 1988, 19 ____

BY Original Signed By
Mike Williams

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-15-88	10-1-88	1800'	1784'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3641.4 GL	Queen	~~1783~~ 1714	1747'
Perforations			**Depth Casing Shoe**
1714'- ±728'			1800'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	311'	250 Sxs. Cl C
7 7/8"	4 1/2"	1800'	250 Sxs. Prem Plug +
	2 3/8	1747	200 Sxs 50/50 Poz.

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-2-88	10-10-88	Pump 2'X 1 1/4" X 13'	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hrs.	–	–	–
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	74	70	10

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**