

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Beach Exploration, Inc.	Well API No. 30-015-26123
Address 800 N. Marienfeld Suite 200 Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Exxon A Federal	Well No. 3	Pool Name, Including Formation High Lonesome (Queen)	Kind of Lease State, Federal or Fee	Lease No. NM 26072
Location Unit Letter F : 1932' Feet From The West Line and 2410' Feet From The North Line Section 18 Township 16S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 797062	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 18
	Twp. 16S	Rge. 29E
	Is gas actually connected? Yes	When? 6-15-89

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-31-89	Date Compl. Ready to Prod. 6-9-89		Total Depth 1705'		P.B.T.D. 1692'			
Elevations (DF, RKB, RT, GR, etc.) 3620.6 GL	Name of Producing Formation Queen		Top Oil/Gas Pay 1645'		Tubing Depth 1678'			
Perforations 1645' - 1655'					Depth Casing Shoe 1705'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		330'		250 Sxs PP			
7 7/8"	4 1/2"		1705'		350 Sxs. Hal Lite +			
	2 7/8"		1678'		250 Sxs. 50/50 Poz			

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 6-9-89	Date of Test 6-11-89	Producing Method (Flow, pump, gas lift, etc.) Pump 2" X 1 1/2" X 12'	
Length of Test 24 Hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size 8-25-89
Actual Prod. During Test	Oil - Bbls. 10	Water - Bbls. 1	Gas - MCF 20

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

Signature  
Barbara Watson  
Printed Name  
8-10-89  
Date  
915/683-6226  
Production Title  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 25 1989

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable 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.