

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

WELL API NO.

30-015-

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

NMNM84634

7. Lease Name or Unit Agreement Name

Red Lake Unit

8. Well No.

27

9. Pool name or Wildcat

Red Lake, Queen East

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

2. Name of Operator

Beach Exploration, Inc.

3. Address of Operator

800 N. Marienfeld Ste. 200 Midland, Texas 79701

4. Well Location

Unit Letter J : 1345 Feet From The East Line and 2150 Feet From The South Line

Section

25

Township

16S

Range

28E

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

GL 3696

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Drilling ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Beach Exploration, Inc. respectfully request administrative approval for an unorthodox location on the Red Lake Unit No. 27 based upon topographical conditions and archaeological sites found on location. Red Lake Unit No. 27 is to be drilled to more effectively recover all possible hydrocarbon reserves.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Arriana Shattm TITLE Production DATE 11-27-96

TYPE OR PRINT NAME ARRIANA SHATTM TELEPHONE NO. 915/6236226

(This space for State Use)

APPROVED BY Wang Form TITLE record only DATE

CONDITIONS OF APPROVAL, IF ANY: