	NO DE COPIES SECTIVED	~.	_ when 'g		
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION CONSSION	Fbrm C -104	
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-116	
	FILE V V	1	AND RECEIVED BY	Effective 1-1-65	
	U.S.G.S.	AUTHODIZATION TO TOA	INSPORT OIL AND NATURAL	CAC	
	LAND OFFICE	AUTHORIZATION TO TRA	1	GAS	
	TOIL V	1	OCT 27 1983		
	TRANSPORTER	4	1000		
	GAS	4	O. C. D.		
	OPERATOR V		ARTESIA, OFFICE		
I.	PRORATION OFFICE		AKTEON, O		
	Operator				
	BEACH EXPLORATION, INC./				
	ddress				
	800 N. MARIENFE	LD, SUITE 200 MIDI	AND, TEXAS 79701		
	Reason(s) for filing (Check proper box)		Other Charge Capter AD	GAS MUST NOT BE	
	New Well	Change in Transporter of:	FLARED AFTER	D 1-1-84	
	Recompletion	Cil Dry Ga			
	Change in Ownership	Casinghead Gas Conden	IS ORTAINED	XCEPTION TO Rule 306	
			I S ORTAINEII		
	If change of ownership give name			-	
	and address of previous owner				
II.	DESCRIPTION OF WELL AND	Well No.; Pool Name, Including Fo	primation Kind of Leas	Lease No.	
	Lease Name	1 .	Comp. Fodos	-1 F	
	GULF-STATE	<u>l Cave Graybur</u>	g San Andres State, Feder	State LG6953	
	Unit Letter K; 1650 Feet From The FSL Line and 2310 Feet From The WL				
	•				
	Line of Section 9 Tow	vnship 17 Range 2	29 , NMPM, ED	DY County	
HI.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil To or Condensate Address (Give address to which approved copy				oved copy of this form is to be sent)	
	The Permian Corpora	ationPermion (Eff. 9 / 1 /87)	P.O. Box 1183 Houst	on, Tx. 77001	
	Same of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent)		
	N/A		İ		
	N/A	Unit Sec. Twp. Pge.	Is gas actually connected? Wh	en	
	If well produces oil or liquids, give location of tanks.		1	2625	
	<u></u>	¦к ¦9 ¦17 ¦29	l no	asap	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	no	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n = (X)			
		1 XX	XX	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	274//	
	9-17-83	10-21-83	3400	9363 278/	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3579.2 G.L.	Lovington Sand	2504	2476	
	Perforations			Depth Casing Shoe	
	2504-12				
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	121/4	8 5/8 23#	404'	300 Cl-C	
	7 7/8	4 1/2 10.5 & 11.6#	3400'	750 sx Halco Lt	
	1 170				
		23/8	2476		
	TO AND DECLEST E	DD AT LOWARIE - (Test must be a	ter recovery of total values of load ail	and must be equal to or exceed top allow-	
V.		ALLUNABLE (Test-must-be a) able for this de	p. 4 or be jor jail 24 1100.07	A -1	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
	10/21/83	10/24/83	!	her 4-8-04	
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test		460#	12/64 Juni	
	24 hrs	180#	460# Water - Bbls.	Gas-MCF	
	Actual Prod. During Test			39.7	
		1 49	1_4	1 37-1	
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Date: Condensate/MMCF		
i			Colo Designation 1	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Chora Bira	
					
vi	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	ATION COMMISSION	
• ••			OCT 3 1 1983		
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED		
	Commission have been complied with and that the information given		Original Signed By		
	above is true and complete to the	best of my knowledge and belief.	BYLeslie A. Clements		
			TITLE Supervisor District II		
	ρ .	!	II · · · · 		
_	Linda Nooten Linda Wooten		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.		
	Engineering Assista	gineering Assistant		All sections of this form must be filled out completely for allow-	
	(Tit		able 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.		
	10/26/83	-			
	(Da	(e)			
			Separate Forms C-104 must completed wells.	at he street for each boot to manage.	
		· ·	to completed writer		