

RECEIVED OIL CONSERVATION DIVISION

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

FEB 01 '88

JAN 27 1988

REQUEST FOR ALLOWABLE
AND

O.C.D. APPROVAL FOR TRANSPORTATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF OPERATING DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
UAS	<input checked="" type="checkbox"/>
OPERATION	
PRODUCTION OFFICE	
Operator	

Beach Exploration, Inc. ✓

Address

800 N. Marienfeld Suite 200 Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☒Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Previous lease name: PPC Federal Comm.#1

Operator: Exxon

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Phillips Federal	4	Jackson Grayburg, 7 Rivers, On. SA	State, Federal or Fee Federal	NM14847
Location				
Unit Letter	E	: 1980	Feet From The	North
Line of Section	7	T. Township	17S	Range
			29E	, NMPM,
			Eddy	County

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum	4001 Penbrook, Odessa, Texas 79762	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips 66 Natural Gas	4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	0	7
	Twp.	Rge.
	17S	29E
Is gas actually connected?	When	
Yes	10-1-87	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
8-26-86	9-19-87		9097'		2523'			
Elevations (DF, R&B, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3690' GL	Lovington - Premier		2401		2490			
Perforations					Depth Casing Shoe			
2401-2485					2663			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	220'	900'
12 1/4"	9 5/8"	2663'	950'

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-22-87	10-1-87	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.	-	-	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	2	30	30

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

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.

OIL CONSERVATION DIVISION

APPROVED FEB 9 1988, 19

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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 Form C-104 must be filed for each pool in multiple completion wells.

Barbara Shatone
(Signature)

Production

(Title)

1-20-88

(Date)