

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

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OIL	<input checked="" type="checkbox"/>
GAS	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

1. Operator
Beach Exploration, Inc. ✓
Address
800 N. Marienfeld Suite 200 Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Temporary allowable given on May 22, 1985.
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7-6-85
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 Exxon-Federal	Well No. 1	Pool Name, Including Formation High Lonesome (Penrose)	Kind of Lease State, Federal or Fee Federal	Lease No. NM26072
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 18 Township 16 South Range 29 East , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp. Permian (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas 77251-1183					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 18	Twp. 16	Rge. 29E	Is gas actually connected? No	When

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 4-30-85	Date Compl. Ready to Prod. 5-30-85		Total Depth 1840		P.B.T.D. 1828			
Elevations (DF, RKB, RT, GR, etc.) 3555.7 KB, 3648.7 GL	Name of Producing Formation Penrose		Top Oil/Gas Pay 1722		Tubing Depth 1653			
Perforations 1722-1756' (1 shot per foot, 11 shots)					Depth Casing Shoe 1839			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		302'		225 Sxs Clc 2% CaCl			
7 7/8"	4 1/2"		1840'		200 Sxs Hal Lite, 175 S			
	2 3/8		1653		Cl C 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-23-85	Date of Test 6-1-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 130	Casing Pressure 180	Choke Size 12/64"
Actual Prod. During Test	Oil-Bbls. 70	Water-Bbls. 3	Gas-MCF 80

Post ID 2
6-14-85
Camp BK

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

W. W. "Duke" Strock
(Signature)
Engineer
(Title)
6-3-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 06 1985
Original Signed By
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 Forms C-104 must be filed for each pool in multiply completed wells.