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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Ene Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUG 2 7 1992

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION (1) C. D. TO TRANSPORT OIL AND NATURAL GAS

Operator /						Well API No.					
Beach Exploration, Inc.						.30-015-25412					
Address											
800 N. Marienfe	ld Ste	e. 200	) Mic	lland,	Texas	79701					
Reason(s) for Filing (Check proper box)	·				( Othe	t (Please expla	iin)				
New Well		Change in	-								
Recompletion $\square$	Oil	لعا	Dry Ga	. 📙							
Change in Operator	Casingher	ad Gas	Conden	nate					•		
If change of operator give name and address of previous operator											
•											
II. DESCRIPTION OF WELL	AND LE	<del></del>	15	· <del></del>		<del> </del>	1 551 2		<del></del>	<del></del>	
Lease Name		Well No.	į.	-	ng Formation	0	Charles	of Lease Federal or Fee		ase No.	
Red Lake Unit		13	<u> R</u> €	ed Lak	e, East	Qn.Gr	ybrg				
Location Unit Letter L : 2310											
<u> </u>					- 0			et riom the _		Line	
Section 30 Township	, 16S		Range	28E	27 , NN	ирм,	Eddy	<del> </del>		County	
III DECIGNATION OF TRAN	CDADTE	D OF O	TI ANI	D MATER	DAT CAC						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil											
· _		P.O. Box 2281 Midland, Texas 79702									
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
	The day is to watch approved copy of this form is to be sent)										
If well produces oil or liquids,	Unit	N 25   16S 28E			is gas actually	y connected?	When	7			
give location of tanks.					<u> </u>						
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 Wel	1   ( 	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth		L	P.B.T.D.		1	
				1.5.1.5.							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas 1	Pay	<del></del> -	Tubing Depth			
<b>5</b>											
Perforations							<del></del>	Depth Casin	g Shoe		
								-			
TUBING, CASING AND						CEMENTING RECORD					
HOLE SIZE	E CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
	<del> </del>	<del></del>			<del></del>						
V. TEST DATA AND REQUES	TFOR	ALLOW	ABLE			·	<del></del>				
OIL WELL (Test must be after re				oil and must	be equal to or	exceed top all	ouable for thi	e dansk on b. s	6.11 9.4 1		
Date First New Oil Run To Tank	Date of Te	st			Producing Me	thod (Flow, pu	mp. eas lift a	ocepun or be j	or Juli 24 hour	s.)	
							- 71 8 1911 C				
Length of Test	Tubing Pressure				Casing Pressu	re	<del></del>	Choke Size	Choke Size		
Actual Prod. During Test											
Actual Flod. During Test	Oil - Bbls.	•			Water - Bbis.	Water - Bbls.			Gas- MCF		
	<u> </u>										
GAS WELL								<u>.l.,</u>			
Actual Prod. Test - MCF/D	Length of	Test	<del></del>		Bbls. Conden	ale/MMCE		7-2			
					Join Congen	HIGH TATAL		Gravity of C	Gravity of Condensate		
lesting Method (pitot, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
					(31121 117)			Choke Size	Cloke Size		
VI. OPERATOR CERTIFICA	ATE OF	COME	IIAN	CE				<u> </u>			
I licitory certify that the miles and regulations of the out of					OIL CONSERVATION DIVISION						
					DIVISION						
is true and complete to the best of my knowledge and belief.					D-1- A						
Lackage Mex					Date ApprovedAUG 2 8 1992						
granua Ma											
Barbara Watson Production						By ORIGINAL SIGNED BY					
Printed Name					MIKE WILLIAMS						
8-25-92 915/683-6226					Title SUPERVISOR, DISTRICT IT						
Date			phone No				UI	SIMIC! II			
			,								

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes. 4) Separate Form C-104 must be filed for each pool in multiply completed wells.