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	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

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

APPROVED BY
DEC 15 1986
O. C. D.
ARTESIA, OFFICE

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)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Exxon Federal	Well No. 6	Pool Name, Including Formation High Lonesome (Queen)	Kind of Lease State, Federal or Fee Federal	Lease No. NM26072
Location Unit Letter <u>N</u> : <u>560</u> Feet From The <u>South</u> Line and <u>2035</u> Feet From The <u>East</u> <u>WEST</u> Line of Section <u>18</u> Township <u>T16S</u> Range <u>R29E</u> , NMPM, <u>Eddy</u> County				

II. 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.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas 77002					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 797062					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 18	Twp. T16S	Pge. 29E	Is gas actually connected? Yes	When 12-4-86

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

V. COMPLETION DATA

Designate Type of Completion - (X) XX	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-20-86	Date Compl. Ready to Prod. 12-4-86		Total Depth 1780'		P.B.T.D. 1772'			
Elevations (DF, RAB, RT, GR, etc.) 3655GL 3663 KB	Name of Producing Formation Penrose		Top Oil/Gas Pay 1708		Tubing Depth 1734			
Perforations 1708-1727					Depth Casing Shoe 1779			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	307'	250 Sxs C1 C+2% CaCl
7 7/8"	4 1/2"	1772'	300 Sxs Hal Lite +
			200 Sxs C1 C

VI. 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)

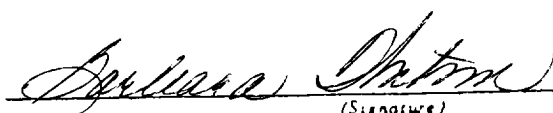
Date First New Oil Run To Tanks 12-4-86	Date of Test 12-7-86	Producing Method (Flow, pump, gas lift, etc.) Pumping 1 1/2X 10'		Post ID-2 12-26-86 copy BK
Length of Test 24 Hours	Tubing Pressure 15	Casing Pressure 25	Choke Size 2"	
Actual Prod. During Test	Oil-Bbls. 50	Water-Bbls. Trace	Gas-MCF 30	

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

VII. 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.


(Signature)

Production

(Title)

12-10-86

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 30 1986**, 19

BY **Original Signed By**
Les A. Clements

TITLE **Supervisor District I**

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 deviated 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 multiple production wells.