

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Beach Exploration, Inc.		Well API No. 30-025-30493
Address 800 N. Mainfield, Suite 200, Midland TX 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> CASINGHEAD GAS MUST NOT BE <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	FLARED AFTER 1-4-90 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bear	Well No. 1	Pool Name, Including Formation Bishop Canyon, San Andres	Kind of Lease State, Federal or Fee	Lease No. Cancel Bishop Canyon Queen
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line Section 11 Township 18S Range 38E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Permian <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1181 Houston, Texas					
Name of Authorized Transporter of Casinghead Gas NA <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 F	Sec. 11	Twp. 18S	Rge. 38E	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-24-89	Date Compl. Ready to Prod. 11-2-89	Total Depth 4960'	P.B.T.D. 4942'					
Elevations (DF, RKB, RT, GR, etc.) 3636' GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 4889'	Tubing Depth 4930'					
Perforations 4919 1/2', 4920 1/2', 4921 1/2', 4889 1/2', 4890 1/2', 4891 1/2'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 400'		SACKS CEMENT 275 Sxs. Cl C			
7 7/8"	5 1/2"		4960'		400 Sxs. 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 top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 11-4-89	Date of Test 11-5-89	Producing Method (Flow, pump, gas lift, etc.) Pumping 2" X 1 1/2" X 14'	
Length of Test 24 Hrs.	Tubing Pressure 0	Casing Pressure 30	Choke Size -
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 120	Gas - MCF

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

VI. OPERATOR 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.

Barbara Watson

Signature
Barbara Watson
Printed Name
11-6-89
Date
915/683-6226
Telephone No.

Production
Title

OIL CONSERVATION DIVISION

NOV 16 1989

Date Approved

By

Orig. Signed by
Paul Kautz
Geologist

Title

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 with Rule 111.
- 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.

RECEIVED

NOV 8 1989

OCD
NOBBS OFFICE