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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.		· · · · · · · · · · · · · · · · · · ·	
Beach Exploration, Inc.							30-025-30493				
Address 800 N. Marier	ıfeld Sı	ifte 20	O Mi	dland	Toyac	79701				<u>, , , , , , , , , , , , , , , , , , , </u>	
Reason(s) for Filing (Check proper box)	incra be	aree 20	70 111	urand,	Ot	her (Please	SINGHE	ALT GAS: M	HST MOT	-	
New Well	Change in Transporter of:				Other (Please CASINGHEAD GAS MUST NOT BE FLARED AFTER _8-1-89						
Recompletion	Oil Dry Gas				HALECO AN EVOEDTA				3.7	4.0	
Change in Operator Casinghead Gas Condensate					UNLESS AN EXCEPTION TO R-1070 IS OBTAINED.						
If change of operator give name and address of previous operator	77	IS WELL	HAS E	BEEN PLA	CED IN THE	POOL:					
IL DESCRIPTION OF WELL	ANDIM	ATOMATEC	S OFF	OW. IF YO	V DO NOT	and the second s			·		
Lesse Name		ing Formation	$\frac{f}{f} = \frac{f}{f} \frac{f}{f} \frac{f}{f}$	/ = [] V :a	-61						
Bear Location	11	Well No. Pool Name, Including Formation 1 Undesignated 5406				wie State	or Lease Federal of Fe	ا (ھ	lease No.		
Unit Letter F	_ :198	20		_ N.	- w & h	•	000				
Olit Letter	_ :		Feet F	rom The <u>INC</u>	ortn Li	se and1	980 F	eet From The	West	Line	
Section 1] Townshi	p 185	3	Range	38E	, N	МРМ,	Lea_			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF OI	LAN	D NATU	RAL GAS						
Permian		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas									
Name of Authorized Transporter of Casin NA		or Dry	Gas		ve address to w				ent)		
If well produces oil or liquids,	Unit	Sec. Twp. Rge.			Is gas actual	y connected?	When				
give location of tanks.	F	11 1	185	1 38F	l N	Λ	When	1 1			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or p	oool, giv	ve comming!	ing order num	ber:					
Designate Type of Completion	~~	Oil Well	7	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		1			l x	<u> </u>	1	i ring back		Jun Kesv	
1-24- 89	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	4-23-89 Name of Producing Formation				4960 Top Oil/Gas Pay			4790 '			
3636 GL Queen					1			Tubing Depth			
Perforations					4111'			4152'			
4111',12,13,								Depth Casing Shoe			
TUBING, CASING A					CEMENTI	NG RECOR	D	4901			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12 1/4"	8	5/8"			400'			275 Sxs. C1 C			
7 7/8"	5	5_1/2"			4960'			400 Sxs, 50/50 Poz			
	 							77,77,100			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE								
OIL WELL (Test must be after re	covery of 101	al volume of	f load o	il and must	be equal to or	exceed top allo	wakla faa d				
	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
4-24-89	4-		ļ	Pump 2" X 1 1/2" X 1							
Length of Test	Tubing Pres	sure			Casing Pressu			Choke Size			
24 Hrs. Actual Prod. During Test	Oil - Bbls.				15#			-			
. The state of the	0.0			Water - Bbls.			Gas- MCF				
GAS WELL	20.	00			102						
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	rate/MMCF		TC			
esting Method (pitot, back pr.)	-								Gravity of Condensate		
water (paid, duck pr.)	sure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	COMPI	JAN	CF	ſ 	·		<u> </u>			
I nereby certify that the rules and regulations of the Oil Consequence					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					ļ						
A second to the dear of my E	nowledge and	3 belief.			Date	Approved	4	JUN 1	9 1989	1	
Han Vinia	MAG	50.			=====================================	· , , , , , , , , , , , , , , , , , , ,	<u>-</u>		500		
Signature Signature					By ORIGINAL SIGNED BY JERRY SEXTON						
Barbara Watson					DISTRICT I SUPERVISOR						
Printed Name 6-02-89			Title		Title_						
Date B=0/-89		Produ	one No	on	11110						
		1 CICDU	AUE NO	i, I-	1						

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.

RECEIVED

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