Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rgy, 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

f. Rio Brazos Rd., Azzec, NM 87410	REQ	UEST F	OR	ALLOWA	BIFA	דו וג חולי	-H∪bi.	7.A.T.I.O.N.I				
perator		TO TRA	ANS	PORT O	LAND	NATUR	RAL GA	2X11011 4S				
Beach Exploration, Inc.								Well	Well API No.			
Address								3	3002526662			
800 N. Marienfeld S	te. 200) Midla	nd,	Texas	79701	Į						
Reason(s) for Filing (Check proper box) New Well						Other (Pla	ease expla	iin)				
Recompletion	Oil	Change in	1					·				
Change in Operator	Casinghe		Dry									
if change of operator give name		-0 GAS [_]	Codo	lensate								
and address of previous operator												
II. DESCRIPTION OF WELL Lease Name	AND LE	ASE										
•	Well No. Pool Name, Inch								of Lease		ease No.	
<u>Mescalero Ridge Un</u> Location	<u> </u>	1	<u> </u>	Quail Ri	.dge (Morrow)	State	Federal or Fee	E-10		
Unit LetterC	•	890	r	From The	N		1980))				
	- ·		. rea i	From The		_ Line and .	1700	F	et From The _		Line	
Section 20 Townsh	p 19S		Range	e 34 E		, NMPM,	I	₋ea				
TI DESIGNATION OF TOAN	1000000										County	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF OI	IL A	ND NATU	RAL G	AS						
Scurlock Permian or Condensate						Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas						
ime of Authorized Transporter of Casinghead Gas or Dry Gas XX						(Give add	1103	n, Texas				
Phillips 66 Natura	1 Gas G	PM Gas	Core	poration				on approved Okla.	copy of this fo	rm is to be si	int)	
If well produces oil or liquids, ive location of tanks.	Unit	SEEFECT	/ Y Ap .	February Rge.	ls gas a	ctually conn	ected?	When	?			
this production is commingled with that	from any orb	1 20 1	1 1 4	10 1 3/F	1	Vaa		0	2-19-92			
V. COMPLETION DATA	mom any on	ier rease or j	pooi, g	ive comming	ling order	number:						
Designate Transfer		Oil Well		Gas Well	New 1	Well Wor	kover	D	1 5 5 1		_,	
Designate Type of Completion Date Spudded		_ <u>i_</u>	i_				LOVE!	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spuided	Date Comp	pl. Ready to	Prod.		Total D	epth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay							
	realise of Producing Pormation					Oat Pay			Tubing Depth			
Perforations									Depth Casing Shoe			
									Deput Casing	Snoe		
UOLE CITE	<u>T</u>	UBING,	CASI	ING AND	CEME	NTING R	ECORL)	!			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				S	ACKS CEM	ENT	
	 											
									 			
TEST DATA AND REQUES IL WELL (Test must be after r	T FOR A	LLOWA	BLE	,					<u> </u>			
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Ter	tal volume o	of load	oil and must	be equal	to or exceed	top allow	able for this	depth or be fo	r full 24 hou	rs.)	
	Date of Ter	¥			Producin	ng Method (I	Flow, pun	φ, gas lift, e	ic.)			
ength of Test	Tubing Pressure				Casing Pressure				Choke Size			
and Bad Daile T												
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.				Gas- MCF					
	1				L							
GAS WELL Actual Prod. Test - MCF/D	The second	r		·								
1991/19	Length of Test				Bbls. Co	ondensate/M	MCF		Gravity of Condensate			
esting Method (pitot, back pr.)					Casing Pressure (Shut-in)				Choke Size			
					(Situa-III)							
I. OPERATOR CERTIFIC	ATE OF	COMPI	LIAI	NCE					! 			
I hereby certify that the rules and regul:	ations of the	Oil Concerv	ation			OIL (CON	SERV	ATION E	IVISIC	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.												
\mathbf{A}					D	ate App	roved		-			
Delata Matra												
Signiture Barbara Watson Production						By						
Printed Name	Pr		on Title								<u>-</u> -	
2-20-92 Date	915/683	3-6226			Ti	itle						
Date		Telep	hone i	₩.								

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.