Submit 5 Copies
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 Brizos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSP	ORT OIL	AND NA	TURAL G						
Operator BEC Corpora	tion								-0999;	 Z		
Address P.O. Box 13	392	Mid	land.	Texas	; 79'	702						
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead	Change in		orter of:	X Ou		. Change	•	on			
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LEA	SE.										
Lease Name Owen		Well No.			ing Formation Skelly	drayburg	Well API No. 30 C25-09992 lease explain) Name Change Only Less Energy Corporation Kind of Lease State, Federal or Fee Fee 1980 Feet From The West Lea West Lea West Lea Which approved copy of this form is to be sent) Midland, Texas 79702 ress to which approved copy of this form is to be sent) Tulsa, Oklahoma 74102 medd? When? 2-5-71 rkover Deepen Plug Back Same Res'v Di P.B.T.D. Tubing Depth Depth Casing Shoe RECORD TH SET SACKS CEMENT d top allowable for this depth or be for full 24 hours.) (Flow, pump, gas lift, etc.) Choke Size Gas-MCF Gravity of Condensate mut-in) Choke Size	ease No.				
Location Unit Letter F	. 19	980	F4 F-	om The _N	orth .	. 198			West.			
Section 3 Townshi	22.0	-	Range	om ine 37E		e and		set From The		Line County		
III. DESIGNATION OF TRAN		R OF O		D NATII						County		
Name of Authorized Transporter of Oil		or Conden				e address to w	hich approved	copy of this f	orm is to be se	ent)		
Shell Pipe Line Corpo				<u> </u>	Box 1							
$ \nu_{\alpha}$ ρ ρ	zad Transporter of Casinghead Gas A or Dry Gas Box 3000 Tules, Oklahoma 74102								nt)			
If well produces oil or liquids,												
give location of tanks.	E	3	22S	137E	Yes		<u>i</u>	2-5-	71			
If this production is commingled with that in IV. COMPLETION DATA	from any other	r lease or p	oool, giv	e commingl	ing order num	ber:						
Designate Type of Completion	- (X)	Oil Well	ļ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compi. Ready to Prod.				Total Depth	<u> </u>	<u> </u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Tubing Depth				
Perforations	 				Depth Casing Shoe							
		IDDIC	CACD	IC AND	CTL CLIMA	VC DECOD		<u> </u>	·			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEMENTI	DEPTH SET	<u>D</u>	SACKS CEMENT				
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		·		<u> </u>							
V. TEST DATA AND REQUES								1				
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		fload o	il and must	,				or full 24 hour	·s.)		
Delic I has feew Oil Roll To Lama	Date of Test				Froducing Me	alou (r tow, pa	νην, gus iyi, e	<i>ic.)</i>				
Length of Test	Tubing Press	Sure			Casing Pressu	re		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
GAS WELL								 				
Actual Prod. Test - MCF/D	Length of To	est			Bbls. Conden	mic/MMCF		Gravity of C	ondensate			
esting Method (pitot, back pr.)	Tubing Pres	sure (Shut-	in)		Casing Pressu	re (Shut-in)		Choke Size				
		•			· · · · · · · · · · · · · · · · · · ·			<u> </u>				
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.						OIL CONSERVATION DIVISION						
la 11	11) Date	, ,			·			
Signature George Van Hus	-	Ву_	ORIGI	HAL SIGN	n ny 1972 Louise al	Y SEXTON						
Printed Name 2-27-90	Title											
Date	915	682-1 Telep	hone No),								

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.

Submit 5 Copies
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DISTRICT I
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I.

State of New Mexico En. 34, 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 BEC Corporat	tion						Well	API No.	25 -D9	2000		
Address				<u> </u>				<u>() </u>	(5 - 1) 1	772		
P.O. Box 139	92	Midl	and,	Texas	79702							
Reason(s) for Filing (Check proper box) New Well		C :	т	6	_	ner (Please exp		_				
Recompletion	Oil	Change is	Dry G			r Name (iss Ener						
Change in Operator	Casinghe	ad Gas	Conde		LION DI	Tas Thei	.gy corp	oration				
If change of operator give name and address of previous operator									.			
II. DESCRIPTION OF WELL	AND LE	EASE								-		
Lease Name		Well No. Pool Name, Including Form				Formation Kind			of Lease No.			
Owen A		2	Bli	nebry	Oil & Gas State, Federal or Feer ee							
Unit Letter F	_ :	1980	_ Feet F	rom The	North Lin	e and198	0 F	eet From The	West	Line		
Section 3 Townshi	p 2	2 S	Range	37	E , N	MPM,	Lea			County		
III. DESIGNATION OF TRAN	CDODT	ED OF O	TT AN	JD NATI	IDAL CAS				- ,, ,			
Name of Authorized Transporter of Oil		or Conder		ID NATE		ve address to w	hich approved	copy of this	form is to be s	ent)		
None- Well Shut In					ļ		·					
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas	Address (Giv	re address to w	hich approved	l copy of this j	form is to be s	int)		
If well produces oil or liquids, give location of tanks.	Unit 	Sec.	Twp.	Rge	Is gas actuali	y connected?	When	? מ				
If this production is commingled with that IV. COMPLETION DATA	from any ot	her lease or	pool, gi	ve comming	ling order num	ber:						
Designate Type of Completion	- (Y)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		pl. Ready to	Prod.		Total Depth	l	<u> </u>	P.B.T.D.		<u></u>		
		.p.: 110-2) 4						P.B. 1.D.				
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas	Pay		Tubing Depth								
Perforations						· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe				
· · · · · · · · · · · · · · · · · · ·		TIRING	CASE	NG AND	CEMENTI	NC PECOD	7					
HOLE SIZE	T	SING & TU			CEMENTI	DEPTH SET			SACKS CEM	ENT		
	<u> </u>					DE, THOET			DAORO OLIII	<u></u>		
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE		 			1				
OIL WELL (Test must be after r	7		of load	oil and musi					for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Te	st			Producing Me	ethod (Flow, pi	ump, gas lift, e	tc.)				
Length of Test	Tubing Pr	essure			Casing Pressu	ıre		Choke Size				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL	·					····						
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	sate/MMCF		Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressu	re (Shut-in)		Choke Size				
					1							
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula				ICE		DIL CON	ISERV	ATION	DIVISIC	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved APR 3 1990							
					Date	Approve	d <u>H</u>	PR 3	1990			
Signature Jeorge Va	1/40	nza		 -	Ву_		- Lien sv	1885 (SE)	con			
George Van Husen Agent					ORIGINAL SIGNED BY WRE CREXTON							
Printed Name 3-29-90	915	682-1	Title 828	-	Title.	۱۱۵۱۱						
Date	· · · · · · · · · · · · · · · · · · ·		phone N	lo.	-	Pare) د ارده خاره پوتید						
					41							

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