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 Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	OTRA	NSP	ORT OIL	<u>AND NA</u>	TURAL GA					
Operator BEC Corporatio	n		-				Well A	IPI No.			
P.O. Box 1392 Midland, Texas				s ′	79702						
Reason(s) for Filing (Check proper box) New Well Change in Recompletion Oil Change in Change in Operator Casinghead Gas			Dry Ga	X Other (Please explain) Gransporter of: Operator Name Change Only Dry Gas							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL Lease Name		SE Well No.	Deal N	Indudi	a Formation		Kind (of Lease	1.4	ease No.	
Baker "B"					ng Formation Kelly Gr	ayburg		Federal or Fee Pee			
Location Unit LetterM	. 66	0	Feet Fr	om The S	outh Lin	e and66	0 Fe	et From The	West	Line	
Section 10 Township 22S Rang				37E Iea				County			
III. DESIGNATION OF TRAN	SPORTER	OF O		D NATU							
Name of Authorized Transporter of Oil None-Zone Shut I		or Conden				e address to wi	hich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas						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	nit Sec.		Rge.	is gas actuali	y connected?	When	When ?			
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or	pool, giv	e commingl	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well	(Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casin	Depth Casing Shoe		
	777	UDDIG	CACT	NG AND	CEL CELTE	NC DECOR		<u> </u>			
HOLE SIZE	1	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
NOLE SIZE	UAS	JOING V	3126		DEF 171 DE1		Onono ozmeni				
	 			<u></u>							
		·····									
V. TEST DATA AND REQUES				···							
OIL WELL (Test must be after r	ecovery of tol	al volume	of load	oil and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	Į.			Producing M	ethod (Flow, pi	ump, gas lift, e	tc.)			
Length of Test	th of Test Tubing Pressure					Casing Pressure			Choke Size		
ctual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
GAS WELL	1							<u> </u>	. , ,		
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			
	<u> </u>				l			1			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul				NCE	(OIL CON	NSERV.	ATION	DIVISIO	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 ? 199A						
George Van Husa						• •					
Signature George Van Husen Agent					By_	ORIGIN	IAL SIGNE! DISTRICT I	SUPERVIS	SEXTON		
Printed Name 3-29-90	915		Title 1828		Title		210.1				
Date		Tele	phone h	√ o.	11						

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

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HOBBS OFFICE