

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BEC Corporation		Well API No.
Address P.O. Box 1392 Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Downhole Commingle Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Eumont + Penrose Skelly AB DNC-787		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Baker B	Well No. 2	Pool Name, Including Formation Penrose Skelly Grayburg	Kind of Lease State, Federal or Fee Free	Lease No.
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line Section 10 Township 22-S Range 37-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas 77251-1183	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Pet. Co.-Div. of Chevron USA, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 10
	Twp. 22S	Rge. 37E
Is gas actually connected? Yes		When? 9-5-85

If this production is commingled with that from any other lease or pool, give commingling order number:

Applied For DNC-787

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-9-39	Date Compl. Ready to Prod. 3-5-40		Total Depth 3715		P.B.T.D. 3710			
Elevations (DF, RKB, RT, GR, etc.) 3404 DF	Name of Producing Formation Penrose Skelly Grayburg		Top Oil/Gas Pay 3619		Tubing Depth 3672			
Perforations Grayburg 3619-3705 235/Shot					Depth Casing Shoe 3570			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	16"		94'		50			
	8 5/8"		1107'		100			
	7"		3570'		250			

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 8-2-90	Date of Test 8-21-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 10	Casing Pressure 10	Choke Size 2"
Actual Prod. During Test 5	Oil - Bbls. 4	Water - Bbls. 1	Gas- MCF 29

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.

Signature George Van Husen
George Van Husen Agent
Printed Name
10-8-90 915 682-1828
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 10-11-90
Orig. Signed by
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.