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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	BEC Corporation	Well API No.	
Address	P.O. Box 1392 Midland, Texas 79702		
Reason(s) for Filing (Check proper box)	<input checked="" type="checkbox"/> Other (Please explain) Downhole Commingle Eumont + Permian Kelly AB DNC-787		
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
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	Eumont Yates-SR-QU-Gas	Kind of Lease	State, Federal or Fee	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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						X
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	Eumont Queen/Permian	Top Oil/Gas Pay	3430	Tubing Depth	3672	
Perforations	3430-90 244/Shots Queen					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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	22	Length of Test	24	Bbls. Condensate/MMCF	0	Gravity of Condensate	-
Testing Method (pilot, back pr.)	back pr.	Tubing Pressure (Shut-in)	-	Casing Pressure (Shut-in)	40	Choke Size	W/O

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

OIL CONSERVATION DIVISION

MAR 15 1991

Date Approved

By

Original 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.

RECEIVED

**OCT 11 1990**

OCD  
HOBBS OFFICE