	••••••••••••••••••••••••••••••••••••••	~	_						
	CIST PRIMATION	REQUEST FO	R ALLOWABLE	Form C+104 Supersedes Old C+104 and C+177 Effective 1+1+65					
1	FILE		ND						
	LAND OF FICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	IRANSPORTER OIL								
-	GAS OPERATOR								
1 .	PRORATION OFFICE								
	Operator b Turnlorntion	Inc							
ŀ	Beach Exploration, Inc.								
	800 N. Marienfield Reason(s) for filing (Check proper box)	800 N. Marienfield, Suite 200, Midland, Texas 79701 Other (Please explain)							
1	New Well	Change in Transporter of:	Approval to flare cas this well must be ob						
	Recompletion Change in Ownership	Cil Dry Gas Casinghead Gas Condensa							
Į									
1	f change of ownership give name ind address of previous owner								
п.	DESCRIPTION OF WELL AND LI	Vell No. Pool Name, Including Form	Action Kind of Leose	Leose No.					
	Leose Name	ment field i serie i	I State Federal Of	Fee Federal NM46278					
	Aminoil-Federal 1 Jalmat Yates Seven Rvrs State, Found to Federal 1 NM46276								
	Unit Letter 4 : 33	O_Feet From The_FEL_Line c	and <u>1650</u> Feel From The						
	Line of Section 1 Town	ship 235 Pange	<u>35Е , ммрм, Lea</u>	County					
		ED OF OUL AND NATURAL GAS	SCURLOCK PERMIAN CORP EF						
111.	DESIGNATION OF TRANSPORT	-X	Address (Give address to which approved						
	The Permian Corp.	Permise (Ell. 9 / 1 / 87)	P.O. Box 1183 Houston Address (Give address to which approved						
	The Permian corp. When Address (Give address to which approved top) of the planet of authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved top) of the planet of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved top) of the planet of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved top) of the planet of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved top) of the planet of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved top) of the planet of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved top) of the planet of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved top) of the planet of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved top) of the planet of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved top) of the planet of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved top) of the planet of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved top) of the planet of Address (Give address to which approved top) of the planet of Address (Give address to which approved top) of the planet of Address (Give address to which approved top) of the planet of Address (Give address to which approved top) of the planet of Address (Give address to which approved top) of the planet of Address (Give address (Give address to which approved top) of the planet of Address (Give addre								
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	No as of this rept_						
	give location of tanks. <u>NO AS OF CHIES TOP</u>								
IV.	If this production is comminged with COMPLETION DATA		New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.					
	Designate Type of Completion	n = (X) XX		P.B.T.D.					
	Date Spudded	Date Compl. Reday to Prod.	Total Depth 3820	No					
	5-15-82 Elevations (DF, RKB, RT, CR, etc.)	Name D. Floddening .	Top Oll/Gas Pay	Tubing Depth 3796.17					
	3489' GR	Jalmat-Yates Syn Rvn	rs	Depth Casing Shoe					
	Perforations								
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT					
	HOLE SIZE		325'	250 sx Cl-C 1270 sx Cl-H					
	7 7/8"	<u>8 5/8"</u> 4 1/2"	3900						
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)								
•	Oll. WELL Date First New Oil Run To Tanks	Date of Test	Brody olna Mathod (Flow, pump, sas life	, etc.) リー・コント					
	8-18-82	8-18-82 Tubing Pressure	Pump 2" x 1 1/2 Castrig Presetire	Choke Size					
	Length of Test 24	75#	5 <u>0 #</u>	<u>18/64th</u>					
	Actual Pred. During Test	Oil-Bbls.	Water - Bbls. 26	61					
	26 26 26								
	GAS WELL		Bbla. Condensate/MMCF	Gravity of Condensate					
	Actual Prod. Test-MCF/D	Length of Test		Chote Size					
	Testing Method (pitot, back pr.)	Tubing Pressue (Shut-in)	Casing Pressure (Shut-in)						
		CE	OIL CONSERVA	TION COMMISSION					
V	. CERTIFICATE OF COMPLIAN			82 19					
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.	ORIGINAL SIGNED BY						
	Commission have been complete above is true and complete to th	e best of my knowledge and belief.	BYJERRY SEXTON • DISTRICT 1 SUPR.						
	\frown		THLE Which is compliance with RULE 1104.						
	A' not	otar	If this is a request for allowable for a newly drilled of deviation						
	Anda (Sia	natwe)	well, this form must be accompanience with BULE 111.						
	Degulatory Agent		tests taken on the well in accordance with roots All sections of this form must be filled out completely for allow						

(Title) 1982 (Date) All sections of this form must be filted but completely for all sections able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply completed wells.

	Form W-12 (1-1-71)							
	7. RRC Lease Number.							
	(Oil completions only)							
1. FIELD NAME (** per Almat 3. SPERTOR	8. Well Number 9. RRC Identification Number (Gas completions only)							
4. ADDATION Section.	3669 Block, and Survey)	Midlay	ed Jula	N 79702	10. Courty			
Lec.	, 1-23			·····	() year 14 (-)			
RECORD OF INCLINATION *13 Angle of 14. Displacement per 15. Course 16. Accumulative								
<pre>*11. Measured Depth (feet)</pre>	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	Hundred Feet (Sine of Angle X100)	Displacement (feet)	Displacement (feet)			
380	380	1	1.75	6.65	6.65			
880	500	1 74	2.18	8.75	26.30			
1980	500	3/4	3.05	18.12	44.42			
2287	313	1 3/4	3.05	9.55	53.97			
2600	313	1 12-	2.62	8.20	70.32			
2911	593	1 12	2.62	15.54	85.86			
3810	316	1 1/2	2.62	8.28	94.14			
				+				
		reverse side of this for						
17. Is any informatic	n shown on the revers	e side of this form?	yes yes	¹⁰ 9	414 feet.			
18. Accumulative to	al displacement of we	ll bore at total depth o	f3820	_ feet =	feet.			
*19. Inclination meas	urements were made in	n -	Casing					
on Minimum distance	e to lease line as pre-	scribed by field rules _			feet.			
22 Was the subject	well at any time inten	tionally deviated from (the vertical in any man	her whatsoever?	0			
(If the answer to	the above question is	"yes", attach written	explanation of the circ	umstances.)				
INCLINATION DATA CERTIFICATION I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item								
numbers on Hits form.	hes Mite		on this form.	Nooten	>			
stansture di Anchorize	d Representativ		LINDA W	Nome of Person and Title (type or print)				
Nanelatorionator	tic ach	oration	BEACH E	BEACH EXPLORATION, INC.				
Name of Company Telephone:	5_6821-	7880	Telephone:Area C	683-62	26			
Railroad Commission	Use Only:							
Approved By :		Т	itle :	Date	?: <u></u>			

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• Designates items certified by company that conducted the inclination surveys.