

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
L & C Production Company

Address
c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, NM 88241

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	<u>Effective 6/1/87</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/>	

If change of ownership give name and address of previous owner Beach Exploration, Inc., P. O. Box 3669, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE NM-39160

Lease Name <u>Danciger</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Jalmat Yates Seven Rivers</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>Above</u>
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Location

Unit Letter B ; 330 Feet From The North Line and 1650 Feet From The East

Line of Section 1 Township 23S Range 35E , 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"/> <u>The Permian Corporation</u> Permian (EN. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u> <u>66 Natl. Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, Oklahoma 74004</u>
If well produces oil or liquids, give location of tanks. Unit <u>B</u> Sec. <u>1</u> Twp. <u>23S</u> Rge. <u>35E</u>	Is gas actually connected? <u>Yes</u> When <u>3/1/83</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

W. Dennis Miller
(Signature)
Agent
(Title)
6/24/87
(Date)

OIL CONSERVATION DIVISION
JUN 25 1987
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow 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 multipl: completed wells.

1181 1 2 1987

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JUN 24 1987
OCD
HOBBS OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NTM. OVER CONS. COMMISSION
BOX 1080

LEASE
DANCIGER NM-39160
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
80240
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
DANCIGER
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
JALMAT YATES SEVEN RIVERS
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 1, T23S, R35E
12. COUNTY OR PARISH | 13. STATE
LEA | TX.
14. API NO.
3002527989
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3500.8

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
BEACH EXPLORATION, INC.

3. ADDRESS OF OPERATOR
800 N. MARIENFIELD, SUITE 200

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

(other) Frac and acid job and Perforated

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

11-21-82 SD for Sunday
 11-22-82 Prep to spot 250 gal acid. POH and laid down tbg. Will run logs, perf & frac,
 11-23-82 Circulated hole w/2% KCL and spotted 250 gal 15% NE acid. Pulled tbg. Ran tie in log and perforated from 3709,13,21,31,48,51,56,65,68,99,3803,05,09,12,15,18, - total 17 holes w/ select fire gun. RU Halliburton and broke down perfs at 1700#. Pump 1000 gal 15% NE acid drop ball every 50 gal - 30 balls. Four (4) ball kicks, balled out back flow, released ball and start frac. Frac w/20,000 gal 50-50 CO₂ plus 42,000# 20-40 sand and 24,000# 10-20 sand. AR-20 BPM. Avg treatment press 2000#. ISIP-1270#, 15" SIP-1050#. Rigged up pulling unit bled flow line to frac tank. Opened 5 p.m. 20/64th TP-900#, 9 p.m. 500# w/40 bbls fluid @ 9 p.m. TP-600#. No Report until further activity.

18. I hereby certify that the foregoing is true and correct

SIGNED Linda Wooten TITLE Agent DATE 11/23/82

ACCEPTED FOR RECORD (This space for Federal or State office use)
APPROVED BY PETER V. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 29 1983

NOV 26 1982