

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

BEACH EXPLORATION INC.

Address
800 N. MARIENFELD, SUITE 200 MIDLAND, TEXAS 79701

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Cut ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Approval to flare casinghead gas from
this well must be obtained from the
Minerals Management Service.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name DANCIGER	Well No. 1	Pool Name, Including Formation JALMAT-YATES SEVEN RIV.	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM39160
Location Unit Letter <u>B</u> : <u>1650</u> Feet From The <u>E</u> Line and <u>330'</u> Feet From The <u>N</u> Line of Section <u>1</u> Township <u>23S</u> Range <u>35E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1182 HOUSTON, TEXAS 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) 100 PIONEER BLDG. BARTLESVILLE, OK.					
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? NO	When <u>3-1-83 - Approx.</u>

If this production is commingled with that from any other lease or pool, give commingling order number: No

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded <u>11-7-82</u>	Date Compl. Ready to Prod. <u>2-11-83</u>	Total Depth <u>3875'</u>		P.B.T.D. <u>3845</u>				
Elevations (D.F., R&B, RT, GR, etc.) <u>3500.8'</u>	Name of Producing Formation <u>JALMAT YATES</u>	Top Oil/Gas Pay <u>3709'</u>		Tubing Depth <u>3743'</u>				
Perforations <u>3709-3799, 3803-3818</u>				Depth Casing Shoe <u>3869</u>				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/2</u>	<u>8 5/8" 24#</u>	<u>339</u>	<u>225 sx Cl-C</u>
<u>7 7/8"</u>	<u>4 1/2" 10.5#</u>	<u>3869'</u>	<u>600 sx Halco Lite</u>
			<u>salt 1/4# flocele</u>

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 Tanks <u>2-13-83</u>	Date of Test <u>2-14-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>15</u>	Casing Pressure <u>15</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>35.7</u>	Oil-Ebbl. <u>35.7</u>	Water-Ebbl. <u>32</u>	Gas-MCF <u>28.3</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Ebbl. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Linda Nootae
(Signature)

AGENT

February 24, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 1 1983, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

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 allowable 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 multiple completed wells.

RECEIVED
FEB 28 1983
O.C.D.
MOBES OFFICE

Danciger # 1

FEB 18 1966

Secl- T23S-R35E 1650' FEL and 320' FNL

Beach Exploration Company

Marc Drilling, Inc.

that he is in the
the same-see
following results

Interval	Interval	Interval	Interval	Interval	Interval
3/4	350				
1	874				
1/4	1308				
1/2	1729				
3/4	2231				
1	2734				
1	3362				
4 1/2	3645				
3 1/2	3740				
3 1/4	3842				

Marc Drilling, Inc.

[Signature] Pres.

17th

November

82

12-20-84

[Signature]