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P.O. Drawer DD, Artesia, NM 88210

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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

Operator L. B. SIMMONS ENERGY, INC.		Well API No. 30-025-29732
Address 5847 San Felipe, Suite 1890, Houston, Texas 77057		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>		
If change of operator give name and address of previous operator BHP Petroleum (Americas) Inc., 5847 San Felipe, Suite 3600, Houston, Texas 77057		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SE Dean 10 Federal	Well No. 1	Pool Name, Including Formation Lovington Penn, Northeast	Kind of Lease State, Federal or Fee	Lease No. NM54013
Location Unit Letter A : 1000 Feet From The North Line and 1100 Feet From The East Line Section 10 Township 16S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74101
If well produces oil or liquids, give location of tanks. Unit A Sec. 10 Twp. 16S Rge. 37E	Is gas actually connected? yes When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and

Date First New Oil Run To Tank	Date of Test
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil - Bbls.

be equal to or exceed top allowable for this depth or be for full 24 hours.)

Producing Method (Flow, pump, gas lift, etc.)	
Casing Pressure	Choke Size
Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)

Bbls. Condensate/MMCF	Gravity of Condensate
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 **W. Lee Matthews**
Printed Name **W. Lee Matthews, Petroleum Engineer**
Date **11-8-1991** Telephone No. **713-266-1890**

OIL CONSERVATION DIVISION

Date Approved **NOV 14 1991**
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiple completion.

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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	L. B. SIMMONS ENERGY, INC.	Well API No.	30-025-29732
Address 5847 San Felipe, Suite 1890, Houston, Texas 77057			
Reason(s) for Filing (Check proper box)			
New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator BHP Petroleum (Americas) Inc., 5847 San Felipe, Suite 3600, Houston, Texas 77057			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	SE Dean 10 Federal	Well No.	1	Pool Name, Including Formation	Lovington Penn, Northeast	Kind of Lease	State, Federal or Fee	Lease No.	NM54013
Location									
Unit Letter	A	1000	Feet From The	North	1100	Feet From The	East	Line	
Section	10	Township	16S	Range	37E	NMPM,	Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> EOTT Energy Corp. Effective 1-1-93	Address (Give address to which approved copy of this form is to be sent)				
The Permian Corporation		P. O. Box 1183, Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Warren Petroleum Company		P. O. Box 1589, Tulsa, Oklahoma 74101				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw.	Rge.	Is gas actually connected?	When ?
	A	10	16S	37E	yes	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	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.

W. Lee Matthews

Signature
W. Lee Matthews, Petroleum Engineer

Printed Name
11-8-1991 713-266-1890

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT SUPERVISOR

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.

OIL CONSERVATION DIVISION

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

RECEIVED

JUL 22 1991

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	BHP PETROLEUM (AMERICAS) INC.	Well ID No. O. C. D. ARTESIA, OFFICE 30-025-29732
Address	5847 SAN FELIPE, SUITE 3600, HOUSTON, TEXAS 77057	
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	INTRACOMPANY NAME CHANGE ONLY
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	BHP PETROLEUM COMPANY INC., 5847 SAN FELIPE, SUITE 3600, HOUSTON, TX 77057	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	SE DEAN 10 FEDERAL	Well No.	1	Pool Name, Including Formation	LOVINGTON PENN, NORTHEAST	Kind of Lease	Single, Federal or Fee	Lease No.	NM 54013
Location	Unit Letter <u>A</u> : <u>1000</u> Feet From The <u>N</u> Line and <u>1100</u> Feet From The <u>E</u> Line								
	Section <u>10</u>	Township <u>16S</u>	Range <u>37E</u>	, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
THE PERMIAN CORPORATION	P.O. BOX 1183 HOUSTON, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
WARREN PETROLEUM COMPANY	P.O. BOX 1589, TULSA, OKLAHOMA 74101					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	A	10	16S	37E	YES	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	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 Scott Sanders
SCOTT SANDERS DRILLING/OPERATIONS ENG.
Printed Name
Date JULY 12, 1991 Telephone No. 713-780-5375

OIL CONSERVATION DIVISION

Date Approved _____
By JOHN L. SEXTON
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

JUL 23 1991

1991 JUL 23

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	

Operator
BHP Petroleum Company, Inc.

Address
6 Desta Drive Suite 3200 Midland, Texas 79705-5510

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. E. Dean 10 Federal	Well No. 1	Pool Name, including Formation Lovington (Penn) R-8603	Kind of Lease State, Federal or Fed Federal	Lease No. 54013
Location Unit Letter A : 1000 Feet From The North Line and 1100 Feet From The East Line of Section 10 Township 16 Range 37, NMDM, 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"/> Enron Oil Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) Route #7 Box 1077 Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 1589 Tulsa, Okla. 74102					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 10	Twp. 16	Rge. 37	Is gas actually connected? yes	When 7/23/87

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

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well <input checked="" 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"/>	Some Restr. Drill. Rev. <input type="checkbox"/>
Date Spudded 4/27/87	Date Compl. Ready to Prod. 6/04/87		Total Depth 11,930		F.B.T.D. 11,794		
Elevations (DF, RKB, RT, GR, etc.) 3797' GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 11676		Tubing Depth 11,310		
Perforations Strawn: 11676-84' 18 holes				Depth Casing Shoe 11,930			
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"	514'		525 sx			
12 1/4"	9-5/8"	4690		1730 sx			
7 7/8"	5-1/2"	11930		650 sx			
tbq	2-7/8"	11310					

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 Tanks 6/4/87	Date of Test 6/27/87	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure 50#	Casing Pressure 70#	Choke Size -
Actual Prod. During Test	Oil-Bbls. 129	Water-Bbls. 110	Gas-MCF 268

GAS WELL

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

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

Hal Crabb

Hal Crabb

Petroleum Engineer

8/17/87

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY _____

TITLE _____

This form is to be filed in compliance with RULE 11.1.

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 11.1.

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. Forms C-104 must be filed for each pool in multi-

RECEIVED

DEC 1 / 1987

ODD
HOBBS OFFICE