Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410	REQUES	T FOR ALL OV	VARLI	F AND .		ΝΖΔΤΙΛ	NC					
REQUEST FOR ALLOWABLE AND AUTHORIZATIO TO TRANSPORT OIL AND NATURAL GAS Operator I D CHANGAIO THE COLUMN TO THE CO												
L. B. SIMMONS ENERGY, INC.					Well				I API No.			
5847 San Felipe,	Suite 1890	, Houston, T	exas	77057								
Reason(s) for Filing (Check proper box)		· · · · · · · · · · · · · · · · · · ·		-	er (Please ex	plain)						
New Well Recompletion		ge in Transporter of:	_1									
Change in Operator	Oil Casinghead Gas	☐ Dry Gas ☐ Condensate ☐	_									
16 -1 - 6		(Americas) II	nc 5	847 Sa	n Folino	Suito	260	NO Have		- 77057		
		(Milicileas) II	10., 0	041 3a	ii relipe	, Suite	300	JU, HOUS	ton, Texa	as //U5/		
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including												
Denius Federal				-				d of Lease Lease No. NM04242				
Location	1980							, <u>, , , , , , , , , , , , , , , , , , </u>		+242		
Unit Letter	- :	Feet From The	Sou	[[] Line	and	990	_ Fe	et From The	East	Line		
Section 33 Townshi	p 17	Range	33	, NN	ирм,	Lea				County		
III. DESIGNATION OF TRAN	SPORTER O	F OIL AND NA	TURA	L GAS								
Name of Authorized Transporter of Oil Texas-New Mexico Pipe	Ad	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casing	_	P. O. Box 2528, Hobbs, New Mexico 88241 Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas or Dry Gas Oxy USA Inc. 1 redent N94 Inc.				1031 Andrews Hwy St				te 301, Midland, TX 79701				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge. Is	gas actually	y connected?		Vhen		idiarid, i	AISIUI		
If this production is commingled with that	1 1 3	3 171 ;	33 📙		yes	L						
IV. COMPLETION DATA												
Designate Type of Completion	Completion - (X) Oil Well Gas Well			New Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			tal Depth			1	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay				Tubing Depth				
Perforations						Depth Casing Shoe						
	TURI	NG, CASING A	VD CF	MENTIN	JC RECO	DD.						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT				
									*			
V. TEST DATA AND REQUES OIL WELL (Test must be after to												
Date First New Oil Run To Tank	musi be e	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				c.,				
Length of Test	Tubing Pressure			Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.				Gas- MCF				
CACWELL	ļ							· 				
GAS WELL Actual Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF				C-15				
			100	Bois. Condensate/MIVICE				Gravity of C	ondensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFIC	ATE OF CO	MPLIANCE	j									
I hereby certify that the rules and regula		OIL CONSERVATION DIVISION										
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.												
μ λ λ λ				Date	Approve	ed						
Simolus W. Lel Matthews				By	ORIGINA	l Maria	: ::3 **	V Irony e	EVICE			
W. Lee Matthews, Petroleum Engineer				By ORIGINAL MENED BY JERRY SEXTON DISTRICT I SUPERVISOR								
Printed Name Title 11-8-1991 713-266-1890				Title								

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

Date

- 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.

Telephone No.

- 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.