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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					Well	API No.		/	
L.B. SIMMONS ENER	GY, INC.					30-025	01376	•	
Address									
4000 N. Big Sprin	ig, Ste. 109	Mid	lland, T	X 7970	07				
Reason(s) for Filing (Check proper box)			X Oth	er (Please explo	ain)				
New Well		Transporter of:	R	eturn o	of TA	well to	nrodu	ction.	
Recompletion		Dry Gas \square	-	ccarn (, , , , ,		Produ		
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND I FASE								
Lease Name					Kind	of Lease No.		zase No.	
Denius Federal	3	Abo	_			State, Federal or Rese x NM-			
Location			 1					0 1 1 2	
Unit Letter K	: 1980	Feet From The _	South	and 19	80 F	et From The	West	Line	
						at Hom The		Line	
Section 33 Townshi	p 17	Range 3.3	[}] , NI	MPM,		Lea		County	
III. DESIGNATION OF TRAN									
Name of Authorized Transporter of Oil	or Conden	sate	Address (Give address to which approved copy of this form is to be sent)						
Texas New Mexico				Box 25		obbs, 1			
Name of Authorized Transporter of Casinghead Gas			Address (Give address to which approved copy of to				orm is to be se	nt)	
Philips OPIN If well produces oil or liquids,			Bartlesville, OK Is gas actually connected? Yes When			n? 3-1-61			
Inantina of table		Twp. Rge 17 33							
If this production is commingled with that							<u> </u>		
IV. COMPLETION DATA									
Designate Town of Control	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		L	<u> </u>	<u> </u>		l	L	1	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.			
Florities (DE DED DE CD			T 09/21						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations			<u> </u>			Depth Casing Shoe			
						Casin	g Shoe		
	TUBING.	CASING AND	CEMENTIN	NG RECOR	D				
HOLE SIZE	CASING & TU	DEPTH SET			9	SACKS CEMENT			
									
V TEST DATA AND DEGUES	T FOR ALL OWA	B. B.	<u> </u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after re									
Date First New Oil Run To Tank	Date of Test	f load oil and mus	be equal to or	exceed top allo thod (Flow, pu	wable for this	depth or be f	or full 24 hour.	·s.)	
11-22-93	11-22-93		unou (<i>riow, pu</i> . 1mp	тр, даз іўі, е	ic.)				
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
2 4	45		30			2 "			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
	3		50			6			
GAS WELL						·			
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
II ODED A TOD GED TO			ļ						
I. OPERATOR CERTIFICA	ATE OF COMPL	LIANCE	\parallel		05014	TION: -			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.							١٥.		
			Date	Approved	<u> </u>	- 4	<u>13</u>		
Con Selba	med								
Signature	By		A - PARIA IP	10V (EDD)	/ SEYTON				
Ron Gilbreath District Enginee			CORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Title 12-15-93 (915) 682-0590			Title_		DI31KICI I	JUI'ER VIJ			
Date	-	ione No.							
][_						

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
- 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.