

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|---|--------------|
| Operator | L. B. SIMMONS ENERGY, INC. | Well API No. |
| Address | 5847 San Felipe, Suite 1890, Houston, Texas 77057 | |
| Reason(s) for Filing (Check proper box) | <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" 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 | Denius Federal | Well No. | 8 | Pool Name, Including Formation | Corbin Abo | Kind of Lease | State, Federal or Fee | Lease No. | NM04242 |
| Location | Unit Letter I : 1650 Feet From The South Line and 990 Feet From The East Line Section 34 Township 17 Range 33, NMPM, Lea County | | | | | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---|---------------|--------------------------|--|--|--------|
| Name of Authorized Transporter of Oil | <input checked="" type="checkbox"/> Texas-New Mexico Pipeline | or Condensate | <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | P. O. Box 2528, Hobbs, New Mexico 88241 | |
| Name of Authorized Transporter of Casinghead Gas | <input checked="" type="checkbox"/> Dry USA Inc. | or Dry Gas | <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | 1031 Andrews Hwy, Ste 301, Midland, TX 79701 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When ? |
| | | 34 | 17 | 33 | 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 W. Lee Matthews
W. Lee Matthews, Petroleum Engineer

Printed Name 11-8-1991 713-266-1890
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 11-8-1991

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.