

OIL CONSERVATION DIVISION

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Zia Energy, Inc.		Well API No. 30-025-10070
Address P.O. Box 2219, Hobbs, NM 88241		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Re-entry of P & A well. Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Formerly Sohio Grizzell #1 P & A 2/19/85.		
If change of operator give name and address of previous operator <i>Temporary approval to DNE Subb + Worked 60 days</i>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Simmons	Well No. 1	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter G : 1760 Feet From The North Line and 1760 Feet From The East Line Section 5 Township 22 South Range 37 East ,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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 5
	Twp. 22S	Rge. 37E
	Is gas actually connected? No	When? As Soon As Possible

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		Re-entry of	P & A	well.			
Date Spudded 2/5/91	Date Compl. Ready to Prod. 3/20/91		Total Depth 6549'		P.B.T.D. 6540'			
Elevations (DF, RKB, RT, GR, etc.) 3424'	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6440'		Tubing Depth 6525'			
Perforations 6440' - 6478' (Original perforations) - 6488' - 6549'			Open Hole 6488'		Depth Casing Shoe 6488'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 - 1 1/2"	13 - 3/8"		161'		160			
11"	8 - 5/8"		2947'		1500			
7 - 7/8"	5 - 1 1/2" liner		2835' - 6488'		300			
	2 - 3/8" tubing		6525'		NONE			

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 3/20/91	Date of Test 3/22/91	Producing Method (Flow, pump, gas lift, etc.) Swab tested to evaluate formation	
Length of Test 12 hrs.	Tubing Pressure -	Casing Pressure 15	Choke Size -
Actual Prod. During Test 5.75	Oil - Bbls. 2.25	Water - Bbls. 3.5	Gas - MCF 12.5

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.

Farris Nelson
Signature **Farris Nelson** President
Printed Name **4/17/91** Title **505/393-2937**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **APR 24 1991**
Orig. Signed by **Paul Kautz**
By **Geologist**
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.

RECEIVED

APR 23 1991

OGG
HOBBS OFFICE