

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator SIMMONS ENGINEERING & CONSULTING Co

Address 5704 Villa View Dr. Farmington N.M. 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <u>RICKY</u>	Well No. <u>1</u>	Pool Name, including Formation <u>GALEGOS FRUITLAND SOUTH</u>	Kind of Lease <u>FED. NAVJO</u> State, Federal or Fee	Lease No. <u>5390</u>
Location				
Unit Letter <u>D</u> : <u>790</u> Feet From The <u>NORTH</u> Line and <u>875</u> Feet From The <u>WEST</u>				
Line of Section <u>18</u> Township <u>26N</u> Range <u>11 W</u> , NMPM, <u>SAN JUAN</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>EL PASO NATURAL GAS</u>	<u>P.O. Box 990 Farmington NM 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<u>NO</u> <u>8-21-84</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Frank T. Chavez  
(Signature)  
Operator  
(Title)  
8-20-84  
(Date)

RECEIVED  
AUG 20 1984  
OIL CON. DIV.  
DIST. 3

OIL CONSERVATION DIVISION

APPROVED AUG 20 1984, 19  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

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 111.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 5-22-84	Date Compl. Ready to Prod. 6-15-84	Total Depth 1375				P.B.T.D. 1395			
Elevations (DF, RKB, RT, GR, etc.); 6035 GR	Name of Producing Formation FRUITLAND	Top Oil/Gas Pay 1194				Tubing Depth 1134 1193			
Perforations 1194-98 5 HOLES 1220-24 5 HOLES						Depth Casing Shoe 1352			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8		80		50 SKS 54 c.f.			
6 1/4		2 3/8		1352		250 SKS 295 c.f.			
		1 1/4		1193					

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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	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 25	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) (180) 60 flowing	Casing Pressure (Shut-in) (180) 100 flowing	Choke Size 1/8

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Simmons Engineering & Consulting Co.

Address P. O. Box 48 Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Other (Please explain) Change in Pool Designation pursuant to NMOCD case No. 9420, Order No. R-8768 from S Gallegos to Basin-Fruitland Coal
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate		
<input type="checkbox"/> Change in Ownership				

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ricky</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin-Fruitland Coal</u>	Kind of Lease <u>Navajo</u>	Lease No. <u>BIA-N00-C-14-20-5390</u>
Location Unit Letter <u>D</u> : <u>790</u> Feet From The <u>North</u> Line and <u>875</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>26N</u> Range <u>11W</u> , NMPM, San Juan Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co.</u>	<u>P. O. Box 990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	Is gas actually connected? When
	<u>Yes</u> <u>August 24, 1984</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

R. D. Simmons [Signature]  
(Signature)  
Operator \_\_\_\_\_  
(Title)  
1-17-89  
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 19 1989  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT 13 E

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.

2 8 1989  
OIL CON. DIV.  
DIST

SIMMONS ENGINEERING & CONSULTING CO.

5704 VILLA VIEW DRIVE

FARMINGTON, NEW MEXICO 87401

PHONE (505) 326-2510 • RADIO CONTACT (505) 325-1873

NEW MEXICO OIL CONSERVATION DIVISION  
1000 RIO BRAZOS ROAD  
AZTEC, NEW MEXICO 87410

HOLE DEVIATION AFFIDAVIT

OPERATOR: Simmons Engineering & Consulting Company

WELL NAME: RICKY # 1

LOCATION: 790' FNL & 875' FNL, Section 18  
T26N, R11W, San Juan County, NM

<u>DEPTH</u>	<u>DEVIATION</u>
80	1/4
400	1/4
750	1/2
1300	1
1375	1

SWORN TO AND SUBSCRIBED TO BEFORE ME BY  
ON THIS 21 DAY OF JUNE, 1984.

R. D. Simmons  
R. D. Simmons

Debra B. B...  
NOTARY PUBLIC

MY COMMISSION EXPIRES ON 12-31-84

RECEIVED  
JUN 22 1984  
OIL CON. DIV.  
DIST. 3