

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 5-24-84	Date Compl. Ready to Prod. 6-15-84	Total Depth 1375				P.B.T.D. 1333			
Elevations (DF, RKB, RT, GR, etc.) 6041 GR	Name of Producing Formation FRUITLAND	Top Oil/Gas Pay 1150				Tubing Depth 1136			
Perforations 1150-54 5 HOLES 1182-86 5 HOLES						Depth Casing Shoe 1355			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8		60		59 cf. Cmc				
6 1/4	2 7/8		1355		295 cf. Cmc				
	1 1/4		1136						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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/MCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) ORifice	Tubing Pressure (Shut-In) 60 (180)	Casing Pressure (Shut-In) 100 (180)	Choke Size 1/8"

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
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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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>SIMMONS ENGINEERING & CONSULTING CO.</u>	
Address <u>5704 Villa View Dr. Farmington NM 87401</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>MELISSA</u>	Well No. <u>1</u>	Pool Name, including Formation <u>GALLEGO FRUITLAND SOUTH</u>	Kind of Lease <u>FED. NAVAL</u> State, Federal or Fee	Lease No. <u>N00-CH-5389</u>
Location Unit Letter <u>L</u> : <u>1850</u> Feet From The <u>SOUTH</u> Line and <u>790</u> Feet From The <u>WEST</u> Line of Section <u>18</u> Township <u>26 N</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 Co</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
Unit Sec. Twp. Rge.	<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.

RD Simmons
(Signature)
Operator
(Title)
8-20-84
(Date)

OIL CONSERVATION DIVISION

AUG 20 1984

APPROVED _____, 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 (or 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.

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AUG 20 1984

**OIL CON. DIV.
DIST. 3**