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GAS		
OPERATOR		
PRORATION OFFICE		
	OIL GAS	OIL GAS

DISTRIBUTION SANTA FE		O'ISERVATION COMMISSION Form C-104 FOR ALLOWABLE Supersedes Old C-104 and C-11 Effective 1-1-65			
FILE		AND			
U.S.G.S.	AUTHORIZATION TO TR	PANSPORT OIL AND NATURAL	GAS		
IRANSPORTER OIL GAS /					
OPERATOR					
PRORATION OFFICE	 }				
Operator D.J. Simmon	S				
• •					
3815 McCart	Street Fort Wo	orth, Texas 76110	N .		
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well	Change in Transporter of: Oil Dry G	Gas X			
Recompletion Change in Ownership		ensate			
onange in owneromp					
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND I	LEASE Well No. Pool N	Jame, Including Formation	Kind of Lease		
Laura V. Hamner "	i i i i i i i i i i i i i i i i i i i	anco Mesa Verde	State, Federal or Fee Federal		
Location Location	7 11 510	41100 mega vezac	1000111		
	Feet From The North L	ine and 1760 Feet From	n The West		
	_				
Line of Section 21 , Tow	nship 29 North Range	9 West , NMPM, San	Juan County		
DESIGN/ TION OF TRANSPORT Name of I uthorized Transporter of Oil	FER OF OIL AND NATURAL G Or Condensate X	Address (Give address to which app	roved copy of this form is to be sent)		
	_	P.O. Box 108 Farmi			
Plateau, Name of Futhorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which app	roved copy of this form is to be sent)		
El Paso Natural Ga		P.O.Box 990 Farmin	gton, N. M. 87401		
If well preduces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When right-of-way is		
give locat on of tanks.	F 21 29N 9W	No	approved.		
If this production is commingled wit	h that from any other lease or pool	l, give commingling order number:			
COMPLITION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Completio	n - (X)	×			
Date Spud led	Date Compl. Fleady to Prod.	Total Depth	P.B.T.D.		
2-26-79	3-10-79	4815'	4735 '		
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 4615!		
Blanco Mesa Verde	3788,3786,3792,38	17,3884,388 9,3 879,49	45,4067,4151,4157		
412,44 <u>17,4422,4431,4</u>),4308,4304,4370,43 1427	1 7,3824,3830,3870,40 76,4382,4388,4394,44	Csq. shoe 4815.		
412,4417,4422,4431,4	TUBING, CASING, AI	ND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
13 3/4"	9 5/8"	263'	220 sx.		
8 3/4"	7"	3295 1	560 sx.		
x4x1x2x 64"	4 1/2" (liner)	3126' to 4815' 4615'	230 sx.		
	2 3/8"				
TEST DATA AND REQUEST FOOLL WELL		after recovery of total volume of load o depth or be for full 24 hours)	il and must be equal to or exceed top allow-		
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		
Tools Tools	Oil-Bbls.	Water-Bbls.	Gas-MCF		
Actual Prod. During Test	CIT BEIS.				
	L		MLL 200		
GAS WELL		•	0000000		
Q=2,453 MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Contembate		
AOF= 4.613 MCF/D	3 hr.		OIL CON. IS		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure 660 psig (shut-in	Choke Size		
Back press.	660 psig (shut-in)				
CERTIFICATE OF COMPLIANO	CE CONTRACTOR		ATION COMMISSION		
		APPROVED MAR 2 3 :379 , 19			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		n Original Signed	Original Signed by A. R. Rendrick		
above is true and complete to the best of my knowledge and belief.					
		TITLE SUPERVISOR	January 194		
(Inlitan 13.7	eren, Is.		This form is to be filed in compliance with RULE 1104.		
Ashton B. Geren. Jr.		If this is a request for allowable for a newly drilled or deepened			
(Signa	iture)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
Manager & Supt. for	D.J.Simmons, Opr.	All sections of this form must be filled out completely for allow-			
(Tit	(Title) able on new and recompleted wells.				
March 19,	1979	Fill out Sections I. II. I	II. and VI only for changes of owner,		
(Da	te)	well name or number, or transp	orter, or other such change of condition.		

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