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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASRECEIVED
MAR 20 1984
OIL CON. DIV.
DIST. 3Operator
SIMS OIL COMPANY, INC.Address
BOX 1097, FARMINGTON, N. M. 87499

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐
Casinghead Gas ☐Dry Gas ☐
Condensate ☒

Other (Please explain)

Effective 4-1-84

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Devonian Federal	Well No. 1	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FED. NM	Lease No. 014375
Location Unit Letter <u>K</u> ; <u>1850</u> Feet From The <u>SOUTH</u> Line and <u>1521</u> Feet From The <u>WEST</u> Line of Section <u>4</u> Township <u>29N</u> Range <u>12W</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 checked="" type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) BOX 256, FARMINGTON, N. M.					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) BOX 1492, EL PASO, TEXAS					
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>4</u>	Twp. <u>29N</u>	Rge. <u>12W</u>	Is gas actually connected? Yes	When 11-11-60

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'
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 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	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. 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.

E. A. Clement, Agent
(Title)3-16-84
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 20 1984, 19BY Frank J. Davis
SUPERVISOR DISTRICT # 3

TITLE

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 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 multiple completed wells.