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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator	
D. J. Simmons, et al	
Address	
3590 McCart St., Fort Worth, Texas	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well	<input checked="" type="checkbox"/>
Recompletion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>
Change in Transporter of:	
Oil	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>
Dry Gas	<input type="checkbox"/>
Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Simmons - (P. C.)	7	Blanco - P.C.	XXX Federal XXX	SF080247-A
Location				
Unit Letter	H	1680	Feet From The North	880
Line of Section		25	Township	29N
Range		9W	San Juan	
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	<input checked="" type="checkbox"/>	1909 Bloomfield Blvd., Farmington, N.M.
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural	<input checked="" type="checkbox"/>	Box 990, Farmington, N.M.
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	H	25
	29N	9W
	No	--

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'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-10-66	1-14-67	3145	3082					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6482 K.B.	Pictured Cliffs Sand	2958	2940					
Perforations	Depth Casing Shoe							
2965 - 3024	3120							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	120	150					
6-3/4"	4-1/2"	3120	300					
	1-1/4"	2940						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be held at bottom for 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 A.C.F. 1,669 MCF/D

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1,632	3 hrs.	None	--
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pr.	883	883	3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. B. Geren, Jr.
A. B. Geren, Jr.

(Signature)

Superintendent

(Title)

January 23, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 2 1967, 19

BY Original Signed by Emory C. Arnold

TITLE SUPERVISOR DIST. 10

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.