NO. OF COPIES RECEIVED		6	
DISTRIBUTION			
SANTA FE		1	
FILE			L
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS	1	
OPERATOR		7	
PRORATION OFFICE			

	DISTRIBUTION	NEW MEYICO OU C	OUSERVATION COMMISSION			
	SANTA FE /		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110		
	FILE I L	KE Q OEST	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	CAS		
	LAND OFFICE	ACTIONIZATION TO THE	THE AND MATORIAL	5A3		
	IRANSPORTER OIL /					
	GAS /	<u> </u> 				
	PRORATION OFFICE					
1.	Operator	<u> </u>				
	D. J. Simmon	s, et al				
	Address	Ot Fort Worth Mouse				
	Reason(s) for filing (Check proper box)	St., Fort Worth, Texas	Other (Please explain)			
	New Well	Change in Transporter of:	Office (Freuse explain)			
	Recompletion	Oil Dry Ga	ıs 🗍			
	Change in Ownership	Casinghead Gas Conder	nsate 🔲			
,	If change of ownership give name		•			
	and address of previous owner					
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Leas	se Lease No.		
	Simmons - (P.C.)	2 Blanco - P.C.				
	Location			1		
	Unit Letter B; 107	O Feet From The North Lin	ne and <u>1530</u> Feet From	The East		
	Line of Section 26 Tow	vnship 29N Range	9W , NMPM, San	Juan County		
III.	Name of Authorized Transporter of Oil		Address (Give address to which appro	oved copy of this form is to be sent)		
	Plateau, Inc.	_	1909 Bloomfield Blvd.	. Farmington. N.M.		
	'Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)		
	El Paso Natural	Unit Sec. Twp. Rge.	Box 990 Farmington. Is gas actually connected? Wh	N.M.		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	No	***		
	If this production is commingled with		<u> </u>			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	on - (X)		Plug Back Same Nes V. Ditt. 1135 V.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	8-30-66	10-5-66	2552	2489		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	5933.5 K.B.	Pictured Cliffs Sand	2375	2330		
	Perforations 2380-82, 238	4-88, 2390-93, 2397-24	102, 2406-14,	Depth Casing Shoe		
	Perforations 2380-82, 2384-88, 2390-93, 2397-2402, 2406-14, 2415-19, 2422-27, 2429-31, 2434-38. Depth Casing Shoe 2522 TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12-1/4"	8-5/8"	100'	70		
	7-7/8"	4-1/2"	2522'	300		
		4-1/4"	2330			
		OD 411 0W4D1 5		1 1		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil epth or be for full 24 hours)	l and must be equal to or exceed top allow-		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	lift, etc.)		
			Contraction	Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	IAN 20 10cm		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Ges-MCF - 10150/		
				OIL CON. COM.		
				DIST. 3		
	GAS WELL A.O.F. 3,73		1211	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate		
	3,400 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Back Pr.	. 883	883	3/4"		
VI.	CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION		
				<u> 1967, 19</u>		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Original Signed by Enery C. Arnold			
A. B. Geren, Jr.			11			
			TITLE SUPERVISOR	DIST. #3		
			1	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
			Tf this is a request for allo			
			mall this form must be accomp			
	Superintendo		All sections of this form m	oust be filled out completely for allow-		
(Title)			able on new and recompleted	vells.		

January 23, 1967

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.