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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**

Address **3590 McCart Street Fort Worth, Texas**

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: ☐ Other (Please explain) **Formerly: General Petroleum Corp. Rock Island No. 2**

Recompletion ☒ Oil ☐ Dry Gas ☒ **Transport from Rock Island**

Change in Ownership ☒ Casinghead Gas ☐ Condensate ☒

If change of ownership give name and address of previous owner **General Petroleum Corp. 1700 Broadway Denver, Colorado**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Simmons "E"	Well No. 4	Pool Name, including Formation Blanco - Mesaverde	Kind of Lease Federal	Lease No. SF-080000-A
Location				
Unit Letter E	1850	Feet From The North	Line and 810	Feet From The West
Line of Section 24	Township 29 N	Range 9 W	NMPM, San Juan 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau Inc.	1921 Bloomfield Blvd. Farmington, N.M.					
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)					
El Paso Nat. Gas Co.	Box 990 Farmington, N.M.					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 24	Twp. 29N	Rge. 9W	Is gas actually connected? No	When Immediately

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X		X		X		X
Date Spudded Orig. 3-1-67	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.		
Workover Start 3-11-68	- - - 3-29-68	7202				6500		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth		
DF6015, RKB6016, GL6004	Mesaverde	4200				4670		
Perforations		Depth Casing Shoe						
4212 - 4322		4750 - 5037				7200		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	10 3/4"		197		150			
9 7/8"	7 5/8"		2905		275			
6 3/4"	4 1/2"		7200		250			
	2 3/8" Tub.		4670		-			

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 Test Date: 4-5-68

Actual Prod. Test-MCF/D Q=4,418	Length of Test: Shut In 7 Days	Gas. Condensate/MMCF	Gravity of Condensate
AOE= 12,958	Flow 3 hours.	-	-
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
One Point Back Press.	788 Psig	790 Psig	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.

Ashton B. Garen, Jr.
(Signature)

Supt. for: D. J. Simmons
(Title)

April 8, 1968
(Date)

OIL CONSERVATION COMMISSION

APR 8 1968

APPROVED
Original Signed by **Emery C. Arnold**¹⁹
BY

TITLE **SUPERVISOR DIST #3**

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.

