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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

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

API 30-045-23217

| | | | |
|--|--|-------------------------------------|--|
| Operator | D. J. Simmons | | |
| Address | 3815 McCart Street - Fort Worth, Texas 76110 | | |
| Reason(s) for filing (Check proper box) | Other (Please explain) | | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: | | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> | |

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | |
|-----------------|----------|--------------------------------|------------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease |
| Simmons "S" | 1A | Blanco Mesaverde | Fed. SF 080247-A |
| Location | | | |
| Unit Letter | 1130 | Feet From The | South |
| Line of Section | 25 | Township | 29 North |
| Range | 9 West | NMPM, | San Juan |
| County | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | |
|---|--|------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | |
| Plateau, Inc. | P.O. Box 108 Farmington, N.M. 87401 | | |
| 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 Natural Gas Company | P.O. Box 990 Farmington, N.M. 87401 | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. |
| | P | 25 | 29N |
| | | | 9W |
| Is gas actually connected? | When Right-of-way is approved. | | |
| No | | | |

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

| | | | | | | | | |
|---|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spud | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 12-14-78 | 12-31-78 | 5086 | 5029 | | | | | |
| Pool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| Blanco Mesaverde | Mesaverde | 4026 | 4977 | | | | | |
| Perforations | Depth Casing Shoe | | | | | | | |
| 4026, 4104, 4117, 4123, 4142, 4150, 4158, 4166, 4179, 4187, 4195, | 5080 | | | | | | | |
| 4232, 4265, 4346, 4434, 4440, 4500, 4512, 4528, 4538, 4566, 4700, 4706, 4712, | | | | | | | | |
| 718, 4724, 4730, 4736, 4742, 4751, 4758, 4765, 4772, 4784, 4792, 4800, 4821, | | | | | | | | |
| 854, 4881, 4931, 4973, 4992, 4998 | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 13 3/4 | 9 5/8 | 231 | 200 | | | | | |
| 8 3/4 | 7 | 2829 | 300 | | | | | |
| 6 1/4 | 4 1/2 (liner) | (2664 to 5080) | 295 | | | | | |

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 |
| Q = 2.782 | 3 hrs. | | |
| AOE = 5.827 | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size |
| Back press. | 560 SI 220 Flowing | 713 SI 562 Flowing | 3/4" |

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. Geren, Jr.
Ashton B. Geren, Jr.

(Signature)

Manager & Supt. for: D. J. Simmons, Opr.

(Title)

January 16, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 13 1979, 19

BY Original Signed by A. R. Kendrick

SUPERVISOR

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 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 Sections I, II, III, and VI only 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.