

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator XXXXXXXXXXXXXXXXXXXX D. J. SIMMONS, et al

Address 3815 McCART STREET, FORT FORTH, TEXAS 76110

Reason(s) for filing (Check proper box)

☐ New Well	☐ Change in transporter of:	☐ Other (Please explain)
☐ Recombination	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☒ Condensate

If change of ownership, give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SIMMONS S</u>	Well No. <u>1A</u>	Pool Name, including Formation <u>BLANCO MESA VERDE</u>	Kind of Lease <u>XXX Federal of X</u>	Lease No. <u>SF080247A</u>
Location				
Unit Letter <u>P</u>	<u>1130</u> Feet From The <u>SOUTH</u> Line and <u>1130</u> Feet From The <u>EAST</u>			
Line of Section <u>25</u>	Township <u>29N</u>	Range <u>9W</u>	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)
<u>GARY ENERGY CORPORATION</u>	<u>P. O. BOX 489, BLOOMFIELD, NEW, MEX. 87413</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>EL PASO NATURAL GAS COMPANY</u>	<u>P. O. BOX 1492, EL PASO, TEX. 79978</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>P</u> Sec. <u>25</u> Twp. <u>29N</u> Rge. <u>9W</u>	<u>YES</u> <u>APRIL 1979</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Theresa Paul Simmons
(Signature)
OPERATOR - OWNER
(Title)
10/3/84
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Dwyer OCT 10 1984

BY _____

TITLE SUPERVISOR DISTRICT # 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.