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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 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 30-045-23583

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	Simmons "E"	Well No.	1A	Pool Name, Including Formation	Blanco Mesaverde	Kind of Lease	Fed. SE 080000-A	
Location								
Unit Letter	K	1685	Feet From The	South	Line and	1470	Feet From The	East
Line of Section	26	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"/>	Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent)	4775 Indian School Road Albuquerque, New Mexico 87110				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 990 Farmington, N.M. 87401				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 26	Twp. 29N	Rge. 9W	Is gas actually connected?	No	When Pipeline connection is made.

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 Spudied	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6-3-79	6-17-79		5011'		4950'			
Pool Blanco Mesaverde	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 3831'		Tubing Depth 4906'			
3831, 3908, 3938, 3947, 3953, 3961, 3969, 4001, 4069, 4150, 4157, 4222, 4231, 4253, 4279, 4327, 4377, 4384, 4441, 4449, 4457, 4535, 4545, 4553, 4561, 4569, 4577, 4583, 4589, 4595, 4601, 4611, 4627, 4646, 4667, 4713, 4740, 4755, 4773, 4831, TUBING, CASING, AND CEMENTING RECORD 4855, HOLE SIZE 4904, CASING & TUBING SIZE 4925, DEPTH SET								
13 3/4	9 5/8		337		SACKS CEMENT			
8 3/4	7		2717		240			
6 1/4	4 1/2 (liner)		(2489 to 5011)		400			
					325			

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 Q = 2,566	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
AOF = 7,633	3 hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure psig	Casing Pressure psig	Choke Size
Back press.	700 SI 202 Flowing	710 SI 620 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)

Sept. 14, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

Original Signed by \_\_\_\_\_

BY \_\_\_\_\_ SUPERVISOR DISTRICT

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.