

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator D. J. SIMMONS		Well API No. API-30-045-27332
Address P.O. BOX 1469, FARMINGTON, N.M. 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name A.B. GEREN	Well No. 4	Pool Name, including Formation BASIN FRUITLAND COAL	Kind of Lease State (Federal or Fee)	Lease No. SF-080247-2
Location Unit Letter H : 1820 Feet From The N Line and 910 Feet From The E Line Section 25 Township 29N Range 9W NMPL SAN JUAN County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GARY ENERGY CORP.	Address (Give address to which approved copy of this form is to be sent) 115 INVERNESS DRIVE, ENGLEWOOD, CO. 80112					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TEX. 79978					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 25	Twp. 29N	Rge. 9W	Is gas actually connected? NO	When? ASAP

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

## IV. 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 Spudded 5-29-90	Date Compl. Ready to Prod. 6-7-90		Total Depth 3042		P.B.T.D. 3012			
Elevations (DF, RKB, RT, GR, etc.) 6474 GL	Name of Producing Formation BASIN FRUITLAND COAL		Top Oil/Gas Pay 2862		Tubing Depth 2949			
Perforations 2862-75, 2878-88, 2942-58 W/4SPF					Depth Casing Shoe 3041			

## TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	221	140
7-7/8"	4-1/2"	3041	650

## 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 Tank	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.	

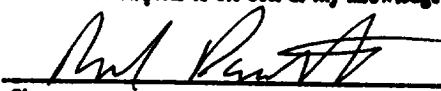
OIL CON. DIV.

## GAS WELL

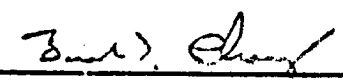
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) BACK PR.	Tubing Pressure (Shut-in) 605	Casing Pressure (Shut-in) 605	Choke Size

## VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

  
Signature  
ROD PINKETT, PETROLEUM ENGINEER  
Printed Name  
6-11-90  
Date  
(505) 326-3753  
Telephone No.

## OIL CONSERVATION DIVISION

Date Approved JUL 18 1990  
By   
SUPERVISOR DISTRICT #3  
Title

## INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.