

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

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator D. J. SIMMONS	Well API No. API-30-045-27333
Address P.O. BOX 1469, FARMINGTON, NEW MEXICO 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. 5	Pool Name, including Formation BASIN FRUITLAND COAL	Kind of Lease State (Federal) or Fee	Lease No. SF-080000-A
Location Unit Letter <u>B</u> : <u>872</u> Feet From The <u>N</u> Side and <u>1490</u> Feet From The <u>E</u> Line Section <u>26</u> Township <u>34N</u> Range <u>24W</u> , NMPM. 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 CO.	Address (Give address to which approved copy of this form is to be sent) 115 INVERNESS DR, 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, TEXAS 79978					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 26	Trp. 29N	Rgn. 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 X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-5-90	Date Compl. Ready to Prod. 5-16-90		Total Depth 2452		P.B.T.D. 2435			
Elevations (DF, RKB, RT, GR, etc.) 5925 GL	Name of Producing Formation BASIN FRUITLAND COAL		Top Oil/Gas Pay 2178		Tubing Depth 2376			
Perforations 2178-85, 2286-2300, 2310-76 W/4SPF					Depth Casing Shoe 2449			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		230		140			
7-7/8"	4-1/2"		2449		400			

## 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.	Gas - Bbls.


JUN 5 1990

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF DYST. 3	Gravity of Condensate
Testing Method (pilot, back pr.) BACK PR.	Tubing Pressure (Shut-In) 660	Casing Pressure (Shut-In) 660	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 (505) 326-3753  
Date Telephone No.

## OIL CONSERVATION DIVISION

Date Approved AUG 23 1990By Original Signed by FRANK T. CHAVEZTitle SUPERVISOR DISTRICT #3

## 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.