

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

I.

| | | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------|
| Operator D. J. SIMMONS | | Well API No. API-30-045-27386 |
| 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. 3 | Pool Name, including Formation BASIN FRUITLAND COAL | Kind of Lease State (Federal) or Fee | Lease No. SF-080000-A |
| Location | | | | |
| Unit Letter L | 1485 | Feet From The S | Line and 1280 | Feet From The W |
| Section 24 | Township 29N | Range 9W | County NM, SAN JUAN | |

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 DR.ENGLEWOOD, COLO.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 L | Sec. 24 |
| | Twp. 29N | Rge. 9W |
| | Is gas actually connected? N | 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 5-17-90 | Date Compl. Ready to Prod. 5-29-90 | | Total Depth 3040 | | P.B.T.D. 3006 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6404 GL | Name of Producing Formation FRUITLAND | | Top Oil/Gas Pay 2727 | | Tubing Depth 2912 | | | |
| Perforations 2727-29, 2815-24, 2830-39, 2893-2909 W/4SPF | | | | | Depth Casing Shoe 3039 | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 8-5/8" | | 214 | | 140 | | | |
| 7-7/8" | 4-1/2" | | 3039 | | 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 |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. |
| JUN 15 1990 | | |

GAS WELL

| | | | |
|----------------------------------------------|----------------------------------|----------------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (prior, back pr.) BACK PR. | Tubing Pressure (Shut-in) 645 | Casing Pressure (Shut-in) 645 | 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 ENGINEERPrinted Name
6-11-90 (505) 326-3753
Date 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.