

**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

*Corrected  
 Copy*

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator D. J. SIMMONS	Well API No. 30-045-28115
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 SUSAN B COM 34	Well No. # 1	Pool Name, including Formation BASIN FRUITLAND COAL	Kind of Lease State (Federal) or Fee	Lease No. SF-046563
Location Unit Letter <u>A</u> ; <u>790</u> Feet From The <u>N</u> Line and <u>1216</u> Feet From The <u>E</u> Line Section <u>34</u> Township <u>28N</u> Range <u>10W</u> , <u>NMPM</u> , <u>SAN JUAN</u> 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 CORPORATION	Address (Give address to which approved copy of this form is to be sent) 115 INVERNESS DR. E. ENGLEWOOD, CO. 80112			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> SUNTERRA GAS GATHERING CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 26400, ALBUQUERQUE, NM 87125			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 34	Twp. 28N	Rge. 10W
	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 8-22-90	Date Compl. Ready to Prod. 9-21-90		Total Depth 1979'			P.B.T.D. 1962'		
Elevations (DF, RKB, RT, GR, etc.) 5876' GL	Name of Producing Formation FRUITLAND		Top Oil/Gas Pay 1740'			Tubing Depth 1881'		
Perforations 1740-54, 1770-82, 1790-92, 1858-80 W/4SPF						Depth Casing Shoe 1972'		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"	8-5/8" - 24.0#		235'			140		
7-7/8"	4-1/2" - 10.5#		1972'			401		
	2 3/8" - 4.7#		1881'					

**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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	DECI 9 1990	JUN 14 1991	

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
BACK PRESS.	201	202	

**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  
 Printed Name: ROD PINKETT PETROLEUM ENGINEER  
 Date: 12-08-90 Title: (505) 326-3753  
 Telephone No.:

**OIL CONSERVATION DIVISION**

Date Approved: MAR 19 1991

By: [Signature]  
 Title: 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.