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Appropriate District Office
DISTRICT !
P.O. Box 1980, Hobbe, NM 88240

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

**OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM \$7410

DISTRICT II
P.O. Drawer DD, Artesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<u> </u>	10 11	INITO CITI CI	L CITO IT	II OI IN L O					
Operator D.J. SIMMONS	<del></del>						API No. -045-28088		
Address	<del>- : · · · · · · · · · · · · · · · · · · </del>	<del> </del>				-043-280	-		
P.O. BOX 1469	9, FARMING	TON, NEW M	EXICO	87499					
Reason(s) for Filing (Check proper box)			Oi	ver (Please expl	ain)			•	
New Well		is Transporter of:	***						
Recompletion		.] Dry Gas						•	
If change of operator give name	Casinghead Gas	_ Condensate	<del></del>	<del> </del>			<del></del>	<del></del>	
and address of previous operator		·	<del></del>	- <del> </del>	<del>-</del>	<del></del>	<del></del>		
II. DESCRIPTION OF WELL									
Lease Name HEARD COM 20	Well No.   Pool Name, Include # 1   BASIN F		-			Kind of Lease State (Federal) or Fee		Lease No.	
Location		BASIN F	RUTTLA	ND COAL	State	Teteral III	SF-0	47039-A	
В	. 790		NT	160	· E				
Unit Letter	- !	Feet From The	_N Li	ie and	. <u></u> F	et From The	Е	Lipe	
Section 20 Townshi	ip 28N	Range 10W		IMPM,	SAN JU	AN		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	0 1				hick communic	copy of this form	- /o to bo o		
GARY ENERGY CORPO	IXI		ľ						
Name of Authorized Transporter of Casing	ghead Gas	or Dry Gas X	Address (Gi	N VERNES	S DR.E	ENGLEWO	is to be se	) 80112	
GAS COMPANY OF NEW			P.O.B	X 26400	),ALBUC	UERQUE,	NM 87	125	
If well produces oil or liquids,			le gas actual			When 7			
ive location of tanks.	B 20	28N 10W	NO	•		ASAP			
f this production is commingled with that IV. COMPLETION DATA	from any other lease o	r pool, give comming	ing order num	ber:		<del></del>	<del></del>		
	Oil We	U Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Per'u	Diff Res'v	
Designate Type of Completion	- (X)	X	X	1	Jupa	1148 2567  56	IIIO VOO A	)	
Date Spudded	Date Compl. Ready		Total Depth	<del></del>	<del></del>	P.B.T.D.		·	
9-24-90 Elevations (DF, RKB, RT, GR, etc.)	10-20-		2183'			2172'			
6024 GL	Name of Producing I		Top Oil/Cas	1922'		Tubing Depth 2048'			
6024 GL FRUITLAND				1922			2048 ' Depth Casing Shoe		
1922-36, 1970-75, 1988-91, 1997-2000,				72 W//CT	סני		183'	•	
	TUBINO	, CASING AND	CEMENTI	NG RECOR	D			•	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12-1/4"	8-5/8" - 24.0#		233			140			
7-7/8"	4-1/2"	10 5#	<u> </u>						
	2 3/8		ļ	2183	<del></del>	<del> </del>	441	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
V. TEST DATA AND REQUES	ST FOR ALLOW	- 4.7 ₱	<del> </del>	2048					
OIL WELL (Test must be after re	ecovery of total volum		be equal to or	exceed too allo	owable for this	denth or he for	full 24 have	1	
Date First New Oil Rus To Tank	Date of Test		Producing M	ethod (Flow, pu	πφ, gas lift, e	(c.)		.,	
Looph of Ton		CERVI	l Ir.						
Length of Test	Tubing Pressure		Cales Fress	110		949)年	SEL		
Actual Prod. During Test	Oil - Bbla D	ECT 9 1990	Water - Bble		···	1 11//	Ca C	Û.	
• • •		-C 1 0 1000	A met - Dorr			OM MCP	C <b>1</b> 4 19	100	
GAS WELL	OIL	CON. DI	<b>∀.</b>	<del></del>			1/4 13	90	
Actual Prod. Test - MCF/D	Leagth of Test	DIST. 3	Bbls. Condes			OILE	JAC.	<b>1</b> 3.53 ·	
		•		MANUAL TO THE PERSON NAMED IN COLUMN NAMED IN C		Gravity of Con	SIST. 3		
lesting Method (pitot, back pr.)	Tubing Pressure (Shi	ul·in)	Casing Press	ure (Shut-ia)		Choka Siza			
BACK PRESS.		.88		190					
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE				·		<del></del>	
I hereby certify that the rules and regul	lations of the Oil Come		(	DIL CON	<b>ISERV</b>	ATION D	VISIC	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				FER 0 8 1991					
				Date Approved					
Yand King to	<b>&gt;&gt;</b>								
Signature	1		Bv	Asiainal Ci-		NY T CHAUPS			
ROD PINKETT PI	ETROLEUM E	-,-	By Original Signed by FRANK T				<del></del>		
10 00 00	(505) 326-3753			Title SUPERVISOR DISTRICT # 3					
Date		153 lephone No.		<u></u>					
	16	provide (10,	<u> </u>						
INSTRUCTIONS, THE CO.								صيحت المتحادث	

TRUCTIONS: 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
- 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