Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of them wickled Energy, Minerals and Natural Resources Department

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

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 Brizos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>[.</u>		TO TRA	NSPORT C	IL AND N	ATURAL G	NZATION BAS			
Operator D. T. CTMMONT		Well API No.							
D.J. SIMMONS		30-045-28110							
P.O. BOX 146	69, FAR	MINGTO	ON. NEW	MEXICO	97 <i>1</i> 00				
Reason(s) for Filing (Check proper box)	; 		,		her (Please exp	lain)			
New Well			Transporter of:		•				
Recompletion	Oil Carlantur		Dry Gas						-
If change of operator give name	Catinghea	d Cas	Condensate				 -		
and address of previous operator					,s				
II. DESCRIPTION OF WELL	L AND LEA	ASE							
Lease Name	ding Formation								
PICAYUNE 28	3	#1	BASIN I	RUITLA	ND COAL	State	Federal or F	⇔ SF-	077383
	11	071							
Unit LetterM	— <u> </u>	<u>87'</u>	Feet From The _	<u>S</u> u	be and $\frac{1}{1}$	025' F	eet From The	<u> </u>	Line
Section 28 Towns	hip 28N		Range 10V	₹ .N	IMPM,	SAN JU	ΔN		G
III DECIGNATION OF THE						<u> </u>	111		County
III. DESIGNATION OF TRA	NSPORTE X	R OF OI	L AND NATI	URAL GAS		·····			
GARY ENERGY CORPO	Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casis	Address (Give address to which approved copy of this form is to be sent)								
GAS COMPANY OF NE	P.O.BOX 26400, ALBUQUERQUE, NM 87125								
If well produces oil or liquids, give location of tanks.	Unit		Twp. Rgs.	le gas actuali	y connected?	Whea	1	271111 07	+43
	1 1		28N 10W	NO) 		ASAP		
If this production is commingled with that IV. COMPLETION DATA	HOM any other	it lease or po	ool, give comming	ling order numi	ber:	···			-
		Oil Well	Gas Well	New Well	Workover	Danne	Nun De 1	12	
Designate Type of Completion		<u>i</u>	X	X	WOLDAR	Deepen	LINE BACK	Same Res'v	Diff Res'v
Date Spudded 8-11-90	Date Compl.			Total Depth		· · · · · · · · · · · · · · · · · · ·	P.B.T.D.	<u> </u>	_1
Elevations (DF, RKB, RT, GR, etc.)	9-17-90 Name of Producing Formation			To NIP	2177'			2136'	* •
6094' GL		RUITLA		Top Ol/Cae Pay 1936 '			Tubing Depth		
Perforations							2080 Topth Casing Shoe		
1936-48, 1968-70,				-opai casa	2176'				
HOLE SIZE	π	UBING, C	ASING AND	CEMENTING RECORD			•		
12-1/4"	CASING & TUBING SIZE 8-5/8" - 24.0#			DEPTH SET			SACKS CEMENT		
	 	3/6 -	24.0#	ļ	226'			140	
7-7/8"	4-	1/2" -	- 10.5#	 	2176'			440	
TEST DATA AND DECUE					2270			442	
TEST DATA AND REQUES OIL WELL Test must be often	FOR AL	LLOWAE	BLE						
OIL WELL (Test must be after r. Oste First New Oil Rus To Tank	be equal to or	exceed top allo	wable for this	depth or be j	or full 24 hour	·s.)			
	Date of Test			Producing Mei	thod (Flow, pur	rp, gas lift, et	:.)		
angth of Test	Tubing Press	ure	A H M T	Cating Pressur	,		Charles	18 K 8	14.3 E 7 7 5
Actual Prod. During Test)), •		MA S		TE I
The same of the sa	Oil - Bbls.		nen.	Water - Bbis.	i.		OLL NET		
GAS WELL	L	·	DECI	9 1990			L	DECX 4 1	990
Iciual Prod. Test - MCF/D	Length of Tea	-d	Oil CO	N DEV			Oll	COM	DIV
	DIS			Bbig Condensale/MMCF			Gravity of Condensation 3		
seling Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shub-in)			Choke Size	DIO 1	
BACK PR.		99		14	17		Clors 2578		
I. OPERATOR CERTIFIC	ATE OF C	COMPLI	LANCE						
Division have been complied with and	OIL CONSERVATION DIVISION								
is true and complete to the best of my k									
Date Approved <u>FEB 0 8 1991</u>									
- I'm Kuller									
Signature ROD PINKETT PE	By Original Signed by FRANK T. CHAVEZ								
Printed Name	Title	SUPERVISO	R DISTON	742					
12-08-90 (505) 326-3753						··· DISTRIC	11 # 3		_
Telephone No.							- 		

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
- 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 well