

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 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator D. J. SIMMONS		Well API No. 30-045-28114
Address P. O. BOX 1469, FARMINGTON, NEW MEXICO 87499		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain)		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 THELMA COM 33	Well No. #1	Pool Name, including Formation BASIN FRUITLAND COAL	Kind of Lease State (Federal or Fee)	Lease No. SF-046563
Location Unit Letter A : 790 Feet From The N Line and 1190 Feet From The E Line Section 33 Township 28N Range 10W, 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 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"/> GAS COMPANY OF NEW MEXICO	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. 33	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 9-01-90	Date Compl. Ready to Prod. 10-08-90		Total Depth 2076'		P.B.T.D. 2041'			
Elevations (DF, RKB, RT, GR, etc.) 6009' GL	Name of Producing Formation FRUITLAND		Top Oil/Gas Pay 1832'		Tubing Depth 1945'			
Perforations 1832-46, 1869-80, 1887-89, 1960-75 W/4SPF					Depth Casing Shoe 2051'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8" - 24.0#		DEPTH SET 213'		SACKS CEMENT 140			
7-7/8"	4-1/2" - 10.5#		2051'		423			
	2 3/8" - 4.7#		1945'					

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 - MCF
	DEC 19 1990		DEC 14 1990

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) BACK PRESS.	Tubing Pressure (Shut-in) 221	Casing Pressure (Shut-in) 221	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  
Printed Name  
12-08-90  
Date  
Title  
PETROLEUM ENGINEER  
(505) 326-3753  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 19 1990

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #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 multiple completion wells.