

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. API30-045-27401
Address P.O. BOX 1469, FARMINGTON, N.M. 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. #1	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. SF-080245-B
Location Unit Letter M : 475 Feet From The SOUTH Line and 1060 Feet From The WEST Line Section 21 Township 29N Range 9W , 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 REFINING CORP.	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"/> EL PASO NATURAL GAS	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 M	Sec. 21
	Twp. 29	Rge. 9
	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 9-4-89	Date Compl. Ready to Prod. 9-23-89		Total Depth 2188'		P.B.T.D. 2145'			
Elevations (DF, RKB, RT, GR, etc.) 5624 GL	Name of Producing Formation FRUITLAND Coal		Top Oil/Gas Pay 1926		Tubing Depth 2033			
Perforations 1926-1929, 1938-1950, 1956-1969, 2022-2040 W/ 4SPF					Depth Casing Shoe 2188			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		223		140			
7-7/8"	4-1/2"		2188		449			
	1 1/2		2033					

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

OCT 1 8 1989

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Produced	Gravity of Condensate
Testing Method (pilot, back pr.) BACK PR.	Tubing Pressure (Shut-in) 599	Casing Pressure (Shut-in) 600	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 ENGINEER
Printed Name
10-12-89 (505) 325-5789
Date
Telephone No

OIL CONSERVATION DIVISION

Date Approved **NOV 1 5 1989**

By **Original Signed by FRANK T. CHAVEZ**

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, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.