## OIL CONSERVATION DIVISION

DISTRIBUTION 1.

	DISTRIBUTION	P. O. E	3OX 2088 /		
	FILE	SANTA FE, NE	EW MEXICO 87501		
	U.S.G.S.				
	REQUEST FOR ALLOWABLE				
	TRANSPORTER GAS	'MARSFORTER <del>        </del>			
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
I.	PRORATION OFFICE Operator				
	SIMS OIL COMPANY, INC.				
	Address				
	BOX 1097, FARMINGTON, N. M.				
	Reason(s) for filing (Check proper bo	×x)	Other (Please explain)		
	New Well	Change in Transporter of:	None above of		
	Recompletion	Oil Dry (		operator.	
	Change in Ownership		lensate		
	If change of ownership give name	to Sime Old Co T	rator from Kimbell Oil Co	0.	
	and address of previous owner	CO 51MB U11 CO., 1	nc effective 1-1-83		
II.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Name, Including	Formation Kind of Lea	Legse No.	
	Warren Federa	a 4 Devils For	k Gallup Mile State, Feder	al or Fee Federal SF-079139A	
	Location			1040161 04-0171794	
	Unit Letter A ; 7	901 Feet From The K. L.	ine and 8901 Feet From	The E	
		_	_		
	Line of Section 35 To	ownship 25N Range	<b>6W</b> , NMPM,	Rio Arriba County	
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	45		
	Name of Authorized Transporter of Oi		Address (Give address to which appro	oved copy of this form is to be sent)	
	Plateau, Inc.		1		
	Name of Authorized Transporter of Ca	singhead Gas 🔀 or Dry Gas 🗔	Address (Give address to which appro	buquerque N. M. 87770  wed copy of this form is to be sent)	
	El Paso Natural	Gas Co.	Box 1492, El Paso, Tex		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en	
	give location of tanks.	A 35 25N 6W	409		
	If this production is commingled with that from any other lease or pool, give commingling order number:				
	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completic	on — (X)		Jame Hes V. Dill. Hes V.	
Ì	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
ĺ					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
ŀ	Desferrations				
	Perforations Depth Casing Shoe				
-	TUBING, CASING, AND CEMENTING RECORD				
r	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
T					
_					
L					
	EST DATA AND REQUEST FOR ALLOWABLE (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)				
_	DIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(t, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Chake Size	
				المستعدة	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
				,	
	GAS WELL DUST. 3			•	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
1. C	ERTIFICATE OF COMPLIANCE		OIL CONSERVAT	ION DIVISION	
				APR 1 1 1983	
I	hereby certify that the rules and regulations of the Oil Conservation wision have been complied with and that the information given love is true and complete to the best of my knowledge and belief.		APPROVED	71 R   16 1303	
D			By Dranke J. Javez	/	
		<u> </u>	0	0.17.5	
	6000	,	TITLE	SUPERVISOR DISTRICT TO 3	
	(4 - (1)/(1)	· ·	This form is to be filed in c	ompliance with RULE 1104.	

above is the and complete to the section of the
Signature)
(Signature)
E. A. Clement, Agent (Title)
(Title)
4-10-83
(Date)

APPROVED CO	APR 1.1 1983
BY Sranks. laves	
TITLE	SUPERVISOR DISTRICT TO
This form is to be filed in compli	,

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.