

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**

*Corrected
Copy*

Operator D. J. SIMMONS		Well API No. 30-045-28258
Address P.O. BOX 1469, FARMINGTON, NEW MEXICO 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 NOE COM 27	Well No. #1	Pool Name, including Formation BASIN FRUITLAND COAL	Kind of Lease State (Federal) or Fee	Lease No. SF-077383
Location				
Unit Letter G	: 2075	Feet From The N	Line and 1475	Feet From The E
Section 27	Township 28N	Range 10W	, NMPL, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
GARY ENERGY CORPORATION	115 INVERNESS DR. E, ENGLEWOOD, CO. 80112					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
SUNTERRA GAS GATHERING CO.	P.O. BOX 26400, ALBUQUERQUE, NM 87125					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 27	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 10-02-90	Date Compl. Ready to Prod. 11-26-90		Total Depth 2074'		P.B.T.D. 2062'			
Elevations (DF, RKB, RT, GR, etc.) 5922' GL	Name of Producing Formation FRUITLAND		Top Oil/Gas Pay 1742'		Tubing Depth 1878'			
Perforations 1742-53, 1786-88, 1791-94, 1800-03, 1862-82 W/4SPF					Depth Casing Shoe 2073'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8" - 24.0#		DEPTH SET 234		SACKS CEMENT 140			
7-7/8"	4-1/2" - 10.5#		2073		422			
	2 3/8" - 4.7#		1878					

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
Actual Prod. During Test	Oil - Bbls	Water - Bbls
	DEC 1 9 1990	JUN 1 4 1991

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) BACK PR.	Tubing Pressure (Shut-in) 180	Casing Pressure (Shut-in) 220	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
12-08-90 (505) 326-3753
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 19 1991

By Original Signed by CHARLES GIBLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #1

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.