			_	
NO. OF COPIES RECEIVED			16	
DISTRIBUTION				
SANTA FE				
FILE		ī	-	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	1		
OPERATOR		2		
PRORATION OFFICE				
Operator	-			

		٦			
	NO. OF COPIES RECEIVED	4			
	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION			For	m C-104
	SANTA FE	REQUEST	FOR ALLOWABLE		persedes Old C-104 and C-11
	FILE		AND	Eti	ective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATUR	AL GAS	
	LAND OFFICE				
	TRANSPORTER OIL	4			
	GAS				
	OPERATOR 2	_			
I.	PRORATION OFFICE Operator				
	D. J. Simmons,	et al			
	Address	er ar			
		, Fort Worth, Texas			
	Reason(s) for filing (Check proper box		Other (Please explain		
	New Well	Change in Transporter of:	Ome (1 tease explain	,	
	Recompletion	Oil Dry Go	ıs 🖂		
	Change in Ownership	Casinghead Gas Conder	= 1		
		-			
	If change of ownership give name and address of previous owner				
	and address of previous owner				
11.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Name, Including F	ormation Kind of	Lease	Lease No.
	Simmons -(P.C.)	3 Blanco - P.C	• Delect	ederal oxiga	SF 080000-A
	Location				
	Unit Letter N ; 11	80 Feet From The South Lin	ne and 1490 Feet	From The Wes	t
	Line of Section 23 To	wnship 29N Range	9W , NMPM, Sat	ı Juan	County
III.		TER OF OIL AND NATURAL GA			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which		•
	Plateau, Inc.		1909 Rloomfield R. Address (Give address to which	<u>lvd., Farmi</u>	ngton, N.M.
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas	i		is form is to be sent)
	El Paso Natural		Box 990, Farmingto		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	give location of tanks.	N 23 29N 9W	No.		
		th that from any other lease or pool,	give commingling order number	":	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	en Plug Back	Same Res'v. Diff. Res'v.
	Designate Type of Completic			i Frag Edek	Jame Hes V. Dill, Hss V.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	<u>i</u> i
	•				. •
	9-13-66 Elevations (DF, RKB, RT, GR, etc.)	10-6-66 Name of Producing Formation	2558 Top Oil/Gas Pay	Z50	
	,	Pictured Cliffs Sand	_ ·	Non	
	5932.5 K.B. Perforations	Fictured CIIII8 Sand	63//	Depth Casi	ng Shoe
	2387-2399, 2403-0	5. 2412-37		254	6
	2307-23331 2102-0		CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	s	ACKS CEMENT
	12-1/4"	8-5/8"	121 *	•	70
	7-7/8"	3-1/2" tubing	2546		300
					AFII
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of loc	ed oil and must	na ido presion allow-
• •					(TPTIALD)
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.	
		•			AN 26 1967
	Length of Test	Tubing Pressure	Casing Pressure	Chole Size	
					L CON. COM.
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas - MCF	DIST. 3
		<u> </u>	l		
	045 WD 1	2 100 0			
	GAS WELL A 0 F 4.17 Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of	Condensate
		- ···•		G. C. C.	3046526
	3,734 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Back Pr.	- Construction (Since-211)	892	3/4	
			1		
VI.	CERTIFICATE OF COMPLIAN	CE		RVATION CO	MMISSION
APPROVED FEB 1 4 10 17			. 19		
	hereby certify that the rules and regulations of the Oil Conservation Over the conservation Over t				
	above is true and complete to the	e to the best of my knowledge and belief. BY OTIGING SIGNED			
	-		TITLE SUPERVISOR	DIST. #3	
	a. B. Fere		11		
			This form is to be file		

VI.

a.B. Feren, n.
A. B. Geren. Jr.
(Signature)
Superintendent
(Title)
January 23, 1967
(Date)

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.