	NO. OF COPIES RECEIVED		6				
	DISTRIBUTION		1				
	SANTA FE				NEW MEXICO OII		
	FILE			4	REQUE		
	U.S.G.S.		1		AUTHORIZATION TO T		
	LAND OFFICE				AUTHORIZATION TO I		
1.	TRANSPORTER	OIL	17				
		GAS	1,				
	OPERATOR						
	PRORATION OFFICE						
	Operator						
	1 '						
	1	D. J.	Si		ms, et al		
	Address	D. J.	Si	.nano	ms, et al		
	Address						
	Address	3590	McC	art	ms, et al		
	Address	3590	McC	art			
	Address Reason(s) for filing	3590	McC	art	St., Fort Worth, Te		
	Reason(s) for filing	3590 (Check	McC	art	St., Fort Worth, Te		
	Reason(s) for filing New Well Recompletion	3590 (Check	McC proper	box)	St., Fort Worth, Te		
	Reason(s) for filing New We!! Recompletion Change in Ownership	(Check	McC proper	box)	Change in Transporter of: Oil Dry Casinghead Gas Con		

	DISTRIBUTION	NEW MEXIC	0 01L	CONSERVATION CO	MMISSION	Б					
	SANTA FE /		T FOR ALLOWABLE			m C-104 persedes Old C-104 and C-1					
	U.S.G.S.			AND			ective 1-1-65				
	LAND OFFICE	AUTHORIZATION T	TO TR	ANSPORT OIL AN	D NATURAL (GAS					
	TRANSPORTER GAS /										
	OPERATOR 2										
1.	PRORATION OFFICE	_									
	Operator										
		mons, et al									
	Address										
	Reason(s) for filing (Check proper be	rt St., Fort Worth,	Tex								
	Onto 1 seuse explains										
	New Well Change in Transporter of: Recompletion Oil Dry Gas										
	Change in Ownership	Casinghead Gas	Conde	= 1							
	The state of the s										
	If change of ownership give name and address of previous owner										
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Inc.	1. 31. 5	 	1.2						
	Simmons - (P.C.)	1 Blanco	-	1.1 01 20000			Lease No.				
	Location	- Dianico	- 1.	C. ASIGN Federal ALL			SF080247-A				
	Unit Letter 0 . 11	190 Feet From The South	٠.	ne and 1850		Pass					
	,	reet From The	Lir	ne and	Feet From 7	The East					
	Line of Section 26 To	ownship 29N Ra	nge	9W , NM	рм, San	Juan	County				
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATUR	AL GA								
	Plateau, Inc.	or Condensate					is form is to be sent)				
	Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	(3 C)	1909 Bloomfj	s to which approx	ed conv of the	is form is to be sent)				
	El Paso Natural		(ASSE)	Box 990, Fa			is joint is to be sent)				
	If well produces oil or liquids,	Unit Sec. Twp.	Rge.	Is gas actually conne							
	give location of tanks.	0 26 29N	9 W	No	į		:				
1	If this production is commingled w	ith that from any other lease o	r pool,	give commingling or	der number:	···					
IV.	COMPLETION DATA										
	Designate Type of Completi	ion = (X)	Well	New Well Workove	r Deepen	Plug Back	Same Res'v. Diff. Res'v.				
1	Date Spudded	Date Compl. Ready to Prod.	<u> </u>	Total Depth		P.B.T.D.					
Ì	8-17-66	9-16-66		2257		P.B.1.D.	2196				
	Elevations (DF, RKB, RT, GR, etc.)			Top Oil/Gas Pay		Tubing Depth					
	5673.5 K.B. Pictured Cliffs Sand			2095		2100					
	Perforations 2116 20 2122 20 2126 22 2126 22 2126 22					Depth Casing Shoe					
ŀ	2116-20, 2122-24, 2126-32, 2135-41, 214464					2243	2243				
-	TUBING, CASING, ANI HOLE SIZE CASING & TUBING SIZE										
ļ	IA"	CASING & TUBING SIZ	<u> </u>	141	SET	10	CKS CEMENT				
ľ	7-7/8"	4-1/2"		2243		30					
		1-1/4"		2100		300					
[
	TEST DATA AND REQUEST F		ust be af	ter recovery of total vo	lume of load oil a	nd must be eq	ual to or exceed top allow-				
r	OIL WELL Date First New Oil Run To Tanks	this de	pth or be for full 24 hor	ire)		•					
	Date First New Oil Run To Tanks Date of Test			Producing Method (FI	ow, pump, gas lift	, etc.)					
ŀ	Length of Test	ength of Test Tubing Pressure				Choke Stze					
1				-		M	LLEIVIN				
[Actual Prod. During Test	Oil-Bbls.		Water-Bbls.		Gas MCF	37.				
l_						JA	N26 1967				
	C40 WELL A 0 P 2 360			/ OIL	CON. COM.						
Г	GAS WELL A.O.F. 3,268 MCF/D Actual Prod. Test-MCF/D Length of Test			Bbls. Condensate/MM	CF.	Gravity of Co	DIST. 3				
	3,005 MCF/D	3 hrs.		None	Cr	Gravity of Co	onderfishe.3				
<u> </u>	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Sh	rt-in)	Choke Size					
L	Back Pr.	846		846	•	3/4"					
VI.	CERTIFICATE OF COMPLIAN	CE		OIL	CONSERVA		MISSION				
					A #A	4-					
	hereby certify that the rules and			APPROVED FEB 2 1807, 19							
8	Commission have been complied value is true and complete to the	given elief.	By Original Signed by Emery C. Arnold								
		TITLE SUPERVISOR DIST. #3									
	a.B. Jeren										
	A B Canan To	This form is to be filed in compliance with RULE 1104.									
_	A. B. Geren, Jr.			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.							
	Superintendent										
-	(Ti										
	January 23, I										
-	(Da										
				Separate For completed wells.	ns C-104 must	be filed for	each pool in multiply				
			ii	combining acres							