

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	2
PRORATION OFFICE	

I.

Operator D. J. Simmons, et al	
Address 3590 McCart St., Fort Worth, Texas	
Reason(s) for filing (Check proper box)	
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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Simmons - P.C.	Well No. 12	Pool Name, including Formation Blanco - P.C.	Kind of Lease XXX Federal XXX	Lease No. SF 080245-B
Location				
Unit Letter 0 ; 1070 Feet From The South Line and 1630 Feet From The East				
Line of Section 29 Township 29N Range 9W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1909 Bloomfield Blvd., Farmington, N.M.	
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) Box 990, Farmington, N.M.	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 29
	Twp. 29N	Rge. 9W
	Is gas actually connected? No	When --

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 <input type="checkbox"/>	Gcs Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-16-66	Date Compl. Ready to Prod. 12-1-66		Total Depth 2450		P.B.T.D. 2400			
Elevations (DF, RKB, RT, GR, etc.) 5925.5 K.B.	Name of Producing Formation Pictured Cliffs Sand		Top Oil/Gas Pay 2263		Tubing Depth 2250			
Perforations 2275-79, 2290-2340, 2342-50					Depth Casing Shoe 2429			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		120		100			
6-3/4"	4-1/2"		2429		300			
	1-1/4"		2250					

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 greater than allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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

GAS WELL **AO.F** **2,711 MCF/D**

Actual Prod. Test-MCF/D 2,473	Length of Test 3 hrs.	Bbls. Condensate/MMCF None	Gravity of Condensate --
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (shut-in) 681	Casing Pressure (shut-in) 681	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. B. Geren, Jr.
(Signature)

Superintendent
(Title)

January 23, 1967
(Date)

OIL CONSERVATION COMMISSION

FEB 2 1967

APPROVED _____, 19

BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR DIST. #3**

This form is to be filed in compliance with RULE 1104.

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.