

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Operator WESTERN STATES PRODUCING COMPANY		
Address 900 Building of the Southwest - Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>11/1/71</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
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	Well No. 1	Pool Name, Including Formation Bagley (Penn) N	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>510</u> Feet From The <u>West</u>				
Line of Section <u>11</u> Township <u>12-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> 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"/> AMOCO	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1725, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 11	Twp. 12-S	Rge. 33-E	Is gas actually connected? No	When Estimated October 1, 1971

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 checked="" type="checkbox"/>	Gas Well <input 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 7-15-71	Date Compl. Ready to Prod. 8-25-71		Total Depth 10,050'		P.B.T.D. 9961.5'			
Elevations (DF, RKB, RT, GR, etc.) 4255' KB	Name of Producing Formation Strawn		Top Oil/Gas Pay 9379'		Tubing Depth 9342'			
Perforations 9379' - 9463'					Depth Casing Shoe 10,087'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	12-3/4"		385'		300 sx. cement circ.			
11"	8-5/8"		3,800'		375 sx.			
7-7/8"	4-1/2"		10,050'		600 sx.			
Tubing 2-3/8" EUE			9,342'					

V. TEST 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)

Date First New Oil Run To Tanks 8-25-71	Date of Test 8-29-71	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 350#	Casing Pressure Packer	Choke Size 18/64"
Actual Prod. During Test 346	Oil-Bbls. 296	Water-Bbls. 50	Gas-MCF 444

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Don E. Bennett
(Signature)
Operations Manager
(Title)
August 31, 1971
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	<u>SEP 2 1971</u> , 19
BY	<u>Orig. Signed by</u> <u>Joe D. Ramey</u> <u>Dist. I, Supv.</u>
TITLE _____	
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.	

RECEIVED

SEP - 11971

OIL CONSERVATION COMM.
HOBBS, N. M.