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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 Summit Energy, Inc.	
Address 112 N. First, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Gulf Sims	Well No. 1	Pool Name, Including Formation Upper Drinkard	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>990</u> Feet From The <u>South</u>				
Line of Section <u>25</u> Township <u>22</u> Range <u>37</u> , NMPM, <u>Lea</u> County				

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)			
Texas-New Mex. Pipeline Company	P. O. Box 1510, Midland, Texas			
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)			
Skelly Gas Company	P. O. Box 1135, Eunice, New Mex.			
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>25</u>	Twp. <u>22</u>	Rge. <u>37</u>
	Is gas actually connected?		When	
	yes		October, 1957	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X		X		X	X	
Date Spudded Sept. 3, 1957	Date Compl. Ready to Prod.		Total Depth 7026		P.B.T.D. 6540			
Elevations (DF, RKB, RT, GR, etc.) 3324.6 GR	Name of Producing Formation Upper Drinkard		Top Oil/Gas Pay		Tubing Depth 6110			
Perforations 6246-6444					Depth Casing Shoe 7026			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4	13 3/8		205		Circ. 200 sx.			
12 1/4	8 5/8		2798		950 sx.			
7 7/8	5 1/2		7025		550 sx.			

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 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

Actual Prod. Test-MCF/D 1445	Length of Test 24 hrs.	Bbls. Condensate/MMCF 7.0	Gravity of Condensate 42
Testing Method (pitot, back pr.) Meter	Tubing Pressure (Shut-in) 1600	Casing Pressure (Shut-in) Packer	Choke Size 22/64

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.

Paul White  
(Signature)  
Division Engineer  
(Title)  
5/22/75  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 2 1975, 19\_\_\_\_  
BY John W. Runyan  
TITLE Geologist

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