STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. >* (*** LEC	11-69	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	g AB	
OPERATOR		
PROBATION OFFICE		

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

	Form C-104
	Revised 10-01-78
	Format 06-01-83
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M. B.	- 198A
1 Call 1 00.72	3 / 20/21

OPERATOR	Al	1D	しょく しゅうし	3.5.
PROBATION OFFICE	AUTHORIZATION TO TRANSF	PORT OIL AND NATUR	AL GARIN ACT	
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Operator			مال کی د	ζ. 3
KIMBELL OIL COMPAN	Y OF TEXAS	- · · · · · · · · · · · · · · · · · · ·	OIL DIS	
Address	most 37 37 da100			
BOX 1097, FARMING	TON, N. M. 87499			
Reason(s) for filing (Check proper box)		Other (Please	explain)	
New Well	Change in Transporter of:)		
Recompletion	O11 Dr	Name change of operator		
Change in Ownership	Casinghead Gas Co	ndensate		
If change of ownership give name and address of previous owner	Change name of opera to Kimbell Oil Compa	tor from Sims Oi ny of Texas -	1 Company, Inc. effective 10/1/8	34
II DECOMPTON OF WELL AND D	T A SD			
II. DESCRIPTION OF WELL AND L	Weil No. Pool Name, including F	ormation	Kind of Lease	Lease No.
Salazar Federal	1 Otero Chacra	1	State, Federal or Fee F6	ed. SE-080136
Location				
	Feet From The S	1750	K	
Unit Letter ; 1450	Feet From The Lin	• and	Feet From The	
Line of Section 22 Townsh	ip 25N Range	.6W , NMPM,	Rio Arriba	County
	.,	, , , , , , , , , , , , , , , , , , , ,	Rio Arriba	County
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL	GAS		
	TER OF OIL AND NATURAL	GAS	Rio Arriba	
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Cil	TER OF OIL AND NATURAL	Address (Give address to	o which approved copy of this	form is to be sent;
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL	Address (Give address to	o which approved copy of this o which approved copy of this	form is to be sent)
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Cil None Name of Authorized Transporter of Castner	TER OF OIL AND NATURAL or Condensate nead Gas or Dry Gas X	Address (Give address to Box 1492, El P	o which approved copy of this o which approved copy of this aso, Texas : 79978	form is to be sent)
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Cil None Name of Authorized Transporter of Casting El Paso Natural Gas	TER OF OIL AND NATURAL or Condensate nead Gas or Dry Gas X	Address (Give address to Box 1492, E1 Po	o which approved copy of this o which approved copy of this aso, Texas 79978 a? When	form is to be sent)
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Cil None Name of Authorized Transporter of Castner	TER OF OIL AND NATURAL or Condensate nead Gas or Dry Gas X	Address (Give address to Box 1492, E1 Po	o which approved copy of this o which approved copy of this aso, Texas : 79978	form is to be sent)
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Cil None Name of Authorized Transporter of Casing El Paso Natural Gas If well produces oil or liquids,	TER OF OIL AND NATURAL or Condensate need Gas or Dry Gas X Co.	Address (Give address to Box 1492, El P.	o which approved copy of this o which approved copy of this aso, Texas 179978 a? When es	form is to be sent)
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Cit None Name of Authorized Transporter of Casingr El Paso Natural Gas If well produces oil or liquids, give location of tanza.	or Condensate or Condensate or Dry Gas Co. It Sec. Twp. Rgs. hat from any other lease or pool,	Address (Give address to Box 1492, El P.	o which approved copy of this o which approved copy of this aso, Texas 179978 a? When es	form is to be sent)
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Cil None Name of Authorized Transporter of Castingr El Paso Natural Gas If well produces oil or liquids, give location of tanks.	or Condensate or Condensate or Dry Gas Co. Twp. Rgs. hat from any other lease or pool, n reverse side if necessary.	Address (Give address to Box 1492, E1 P Is gas actually connecte Y give commingling order	o which approved copy of this o which approved copy of this aso, Texas 79978 d? when es i number:	form is to be sent) form is to be sent)
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Cili None Name of Authorized Transporter of Casingr El Paso Natural Gas If well produces of or liquids, give location of tanks. If this production is commingled with the NOTE: Complete Parts IV and V or	or Condensate mead Gas or Dry Gas Coe int	Address (Give address to Box 1492, E1 P Is gas actually connecte Y give commingling order	o which approved copy of this o which approved copy of this aso, Texas : 79978 a? When es i	form is to be sent) form is to be sent)

ment (Signature)

E. A. Clement, Agent

10/15/84 (Date)

This form is to be filed in compliance with MULE 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 silowable 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.