Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State or New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TO TRANSPORT OIL AND NATURAL GAS

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		O THANS	SPORT OIL	AND INA	UNAL GA	Well A	PI No.			
Operator Kimbell Oil Comp	Kimbell Oil Company of Texas					i i	039-21374			
Address P.O. Box 1097,	P.O. Box 1097, Farmington, New Mexico 87499-1097									
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	[X] Other (Please explain) change will take effect August 1, 1991									
	dian Oi	Inc.,	P.O. Box 4	4289, Fa	rmington	, New M	exico 874	199		
II. DESCRIPTION OF WELL	AND LEA	SE						1. 1.	ase No.	
Lease Name Kimbell Com		Well No. Po	ol Name, Includir tero Chaci	TR I Ollimeron			Kind of Lease X3(4Ke, Federal or FeX		30136	
Location Unit LetterC	:860) Fe	et From The N	orth Lim	and1670	Fe	et From The	dest	Line	
Section 23 Township	, 25N	Re	inge 6W	, N	ирм,	Rio Ar	riba		County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL		RAL GAS	e address to wh	ich approved	copy of this form	is to be se	ni)	
Meridian Oil Inc. P.O. Box 4289, Farmington, New Mexico 8749										
Name of Authorized Transporter of Casing El Paso Natural Gas C	head Gas ompany	or or	Dry Gas XXX	Address (Giv P.O. Bo	e address to whom A289,	rarming	ton, NM	87499	nu)	
If well produces oil or liquids, give location of tanks.	Unit C	23 2	vp. Rge. 25N 6W	Is gas actually connected? When ?						
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or poo	l, give commingli	ing order num	ber:			· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded		l. Ready to Pr	od.	Total Depth	1		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	ation	Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
		UBING, C	ASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
						'm'	RET		- } -	
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE	<u> </u>						
OIL WELL (Test must be after r	Date of Tes	tal volume of	load oil and must	be equal to or	exceed top alle ethod (Flow, pr	owabl e id y hi imp, gas lift, i	s depth on bayon	9974 hou	rs.)	
Date First New Oil Run To Tank	Date of Test						thace:			
Length of Test	Tubing Pre	sure		Casing Press	ure		Chose Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
CAC WELL	<u> </u>			<u> </u>			<u> </u>			
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. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.				Date	e Approve	d	JUL 0 1	1991		
Susan Lact							n) d	/	•	
Signature Susan M. Linert Production Supt.				∥ By-	By SUPERVISOR DISTRICT 13					
Printed Name Title 6-28-91 505-325-3389 Date Telephone No.									· •	
Date		Teleph	one No.					-		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.