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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 KIMBELL OIL COMPANY	
Address P.O. BOX 1097 FARMINGTON, NEW MEXICO	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input 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	
Change name of operator from Kimbell, Inc. to Kimbell Oil Company. Effective Date 4-1-73	

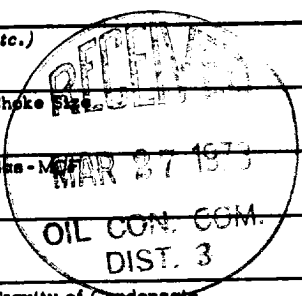
II. DESCRIPTION OF WELL AND LEASE					
Lease Name Federal A	Well No. 3	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed.	Fee Fed.	Lease No. 079079-A
Location					
Unit Letter M ; 790 Feet From The S Line and 790 Feet From The W					
Line of Section 35 Township 25N Range 6W , NMPM, Rio Arriba 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)		
Plateau Inc.			Box 108 Farmington, New Mexico		
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)		
El Paso Natural Gas Company			Box 990 Farmington, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 35	Twp. 25	Rge. 6	Is gas actually connected? yes When 4-23-63

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 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	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		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>MAR 27 1973</u> , 19	
Original Signed By John Carethers		BY <u>Original Signed by Emery C. Arnold</u>	
(Signature)		SUPERVISOR DIST. #3	
Supt.		TITLE	
(Title)		This form is to be filed in compliance with RULE 1104.	
3-27-73		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.	
(Date)		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.	

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