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SANTA FE			
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	/	
OPERATOR		ر کو	
PRORATION OFFICE			
Operator			

	SANTA FE		ONSERVATION COM	IISSION	Form C-104	
	FILE /	REQUEST	FOR ALLOWABLE		Supersedes Oi Effective 1-1-	ld C-104 and C-11
	U.S.G.S.	111711001747101170770	AND		_	00
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND	NATURAL G	SAS	
	OIL	_				
	TRANSPORTER GAS /	7				
	OPERATOR 2	-				
	PRORATION OFFICE					
I.	Operator					
	KIRBEI	T II.C.				j
	Address					
	P.O. E	OX 1097 FARE ENGTON, LEW	MAXICO			
	Reason(s) for filing (Check proper box		Other (Pleas	e explain)		
	New Well	Change in Transporter of:		• •		
	Recompletion	Oil Dry Ga	rs 🗍			
	Change in Ownership	Casinghead Gas Conder	nsate			
		Change name of enemater	<u> </u>	YF 150 0	<u> </u>	J
	If change of ownership give name	Change name of operator	Iron Estate of	Kay Kimb	ell to Kimbell	Inc.
	and address of previous owner				· ····································	
BY	DESCRIPTION OF WELL AND	IFACE				
11.	Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.
	Salazar Federal	2 Ballard P.C.		State, Federal	or Fee Fed.	080136
	Location		4	L	- 04,	_ 000 00
	T 45	70 D. D. D. D. C			he W	
	Unit Letter;15	50 Feet From The S Lin	e and800	Feet From T	ne	
	Line of Section 34 To	wnship 25N Range	6₩ , NMPN	(, 73. *	A 2 2	County
	Line of Section 74 10	whish ZM Hange	ON , INVIER	1610	Arriba	County
***	DECICE ATTOM OF TRANSPOR	TER OF OIL AND NATURAL GA	e e			
111.	Name of Authorized Transporter of Oi			to which approv	ed copy of this form is	to be sent)
			,	••	., , ,	,
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address	to which approv	ed copy of this form is	to be sent)
						,
	El Paso Natur l Cas	Company, Unit Sec. Twp. Rge.	Is gas actually connect	- Farming	ton New Mexico	
	If well produces oil or liquids, give location of tanks.	ome sec. Twp.		i mac	••	
	-	<u> </u>	yes	i		
		ith that from any other lease or pool,	give commingling orde	r number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.
	Designate Type of Completi		New Well Wolkover	Deepen	Flug Buck Sume Nes	s-v. Diff. Res-v.
			Total Danth		P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
			m 00/0 5		m 1: p ::	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
					Donah Contra Shaa	
	Perforations Depth Casing Shoe					
					L	
		TUBING, CASING, AND			1 24242 25	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	<u> </u>	SACKS CE	MENT
					ļ. 	
			<u> </u>		<u> </u>	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volu		and must be equal to or	exceed top allow-
	OIL WELL Date First New Oil Bun To Tanks	Date of Test	pth or be for full 24 hour Producing Method (Flot	<u></u>	1 000 1	
	Date First New Oil Run 10 I daks	Date of Test	Producing Method (1.10)	,, pump, gas es,	777	
		Tuhin December	Casing Pressure		Choke Size	
	Length of Test	Tubing Pressure	Cdsing Pressure		Chory	IVLU
		Oil-Bbls.	Water - Bbls.		Gas-MCF	
	Actual Prod. During Test	OII-BEIS.	Water - Bare.		APR 3	0 1969
						
					OIL CON	l. COM. /
	GAS WELL	1	Bbls. Condensate/MMC		Gravity of Condensate	3-/
	Actual Prod. Test-MCF/D	Length of Test	BDIS. CONGENEGIE/MMC	r	Gravity of Condensate	
		The December of the Land	Castan Bassana (Shut		Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-111)	Cuore Size	
			<u> </u>		<u> </u>	
VI.	CERTIFICATE OF COMPLIANCE		OIL	CONSERVA	TION COMMISSIO	N
	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.		<u> </u>		APR 3 0	1000
			APPROVED APR 30, 1969 Original Signed by Emery C. Arnold		- -	
					<u>ld</u>	
			SUPERVISOR DIST. #3			
	li di		TITLE		- MITTON DIVI	<i>11</i> ·
	Original Signed By John Carethers		This face is t	he filed in -	compliance with RUL	E 1104.
(Signature)						
		melt this form mus	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.			
	Surt.	itle)	All sections o	this form mu	st be filled out compl	etely for allow-
	•	,	able on new and re			nges of owner
	4 -28-69		Fill out only	aections i, ii	, III, and VI for cha	THE OF CHIEF

(Date)

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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TRANSPORTER	OIL		
THANS: ON ER	GAS	1	
OPERATOR		3	
PRORATION OFFICE			

	SANTA FE / / FILE / / U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS / OPERATOR 3	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65 AL GAS	
I.	Operator KII	BELL OIL COMPANY			
	Address P.C	. BOX 1097 FARMINGTON, N	EW MEXICO		
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well Recompletion	Change in Transporter of: Oil Dry Ga	s		
	Change in Ownership XX If change of ownership give name	Change name of operato		to Kimbell Oil Co.	
	and address of previous owner	Ferningto Effective D			
II.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	ormation Kind of I	Lease No.	
	Salazar Federal	2 Ballard P.	C. State, Fe	ederal or Fee Fad. 080136	
		550 Feet From The S Lin	e and 800 Feet F	rom The W	
	Line of Section 34 Tox	wnship 25N Range	6W , NMPM, Ric	Arriba County	
III.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	rer of oil and natural ga		approved copy of this form is to be sent)	
	Name of Authorized Transporter of Car El Paso Natural Gas C If well produces oil or liquids, give location of tanks.		Box 990 Farmingtor Is gas actually connected? Yes	pproved copy of this form is to be sent) New Mexico When	
IV.	If this production is commingled wir COMPLETION DATA	th that from any other lease or pool,			
	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deeper	n Plug Back Same Restv. Diff. Restv.	
	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		<u> </u>	Depth Casing Shoe	
		T	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be as able for this de	pth or be for full 24 hours)	d oil and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.) OF I-VF	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	G=-MSAR 27 1973	
		1	L	OIL CON. COM. DIST. 3	
	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 COMPLIAN	MAR 2 7 1973		MAR 2 7 1973	
	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		
and the same of th		TITLE SUPERVISOR DIST. #3			
	Original Signed By John Carethers (Signature) Supt. (Title)		This form is to be filed in compliance with RULE 1104. If this is a request for ellowable 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.		
				n must be filled out completely for allow-	
	3-27-73	ate)	Fill out only Sections	I, II, and VI for changes of owner, sporter, or other such change of condition.	
	(0)	•	!!		

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.