				(Part of the Control
	HO. OF COPIES RECEIVED	B B B B B B B B B B B B B B B B B B B		
			FOR LOWABLE	ter that is a second of the s
	DISTRIBUTION	MENTHERIOGOUL D	OHSERVATION COMMISSION	Form C-104
	SANTA FE	UU REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective lx1-65
	FILE	DEC 2 1 198	AND	Firection Iti-02
	U.S.G.5.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS TO THE TOTAL TOTAL
	LAND OFFICE	OIL CON F	VIV 3	
	TRANSPORTER GAS	DIST. 3	VIV.	DIST. 3
	OPERATOR			
_	PROPATION OFFICE	1		
I.	Operator	<u> </u>		
	CHANGED TO	Kimbell Oil Com	nany	
			ational Bank Bldg.	
	Address			
			76102	
	Reason(s) for filing (Check proper box))	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Go	28	:
	Change in Ownership X	Casinghead Gas Conder	nsate 🔲	
	If change of ownership give name and address of previous owner	Curtis J. Littl	e	
11	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	Well No.; Pool Name, including F	ormation Kind of Lea	07 0704 00 4
	Warren	7 B allar d-Pic	tured Cliffs State, Feder	ral or Fee SF-079139-A
	Location	- 1 - 5. Blance		
		10 Feet From The South in	, 790	East
	Unit Letter;;	Feet From The	ne and 750 Feet From	The Bust
	00	OEM	CM	Die Ammibe
	Line of Section 26 Tow	vnship 25N Range	6W , NMPM,	Rio Arriba County
III.	DESIGNATION OF TRANSPORT	rer of oil and natural ga	Address (Give address to which appr	oved copy of this form is to be sent)
			hadaaa (Cina address to which appr	oved copy of this form is to be sent)
	Name of Authorized Transporter of Cas	==		
	El Paso Natural G	as Company	P. O. Box 4289, I	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	hen
	give location of tanks.		no	soon
		th that from any other lease or pool,	give commingling order number:	
11/	COMPLETION DATA	in that from any other reads of post,		
3 T .		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion	on = (X)	Y	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	10-21-82	11-15-82	2703	2663
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.) 6649 GR	Pictured Cliffs	2542	
	0049 GK	1 letared erinis		Depth Casing Shoe
	Perforations	17 01 : 0/U 1/ h	alos 0 264 dia	2683
	2542-62 & 26	17-21, 24" apart; 14 h		2003
		TUBING, CASING, AN	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	9-7/8	7''	116	65 sx (77 cf)
	6-1/4	2-7/8	2683	400 sx poz 6% gel,
	0-1/4	2-170		$6\frac{1}{4}$ # gilsonite & 50
			+	sx neat (767 cf).
		l		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load or epth or be for full 24 hours)	il and must be equal to or exceed top allow
	OIL WELL	Bute joi titta di	Producing Method (Flow, pump, gas	lift etc.)
	Date First New Oil Run To Tanks	Date of Test	Producting Matrice (1 100, pemp) 200	
				Choke Size
	Length of Test	Tubing Pressure	Casing Pressure	Chore Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
		1		
		<u> </u>		·—··
	CAE WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			none	
	536	3 hrs	Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	· ·	3/4
	back pr.	none	536	
VI	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERV	ATION COMMISSION
	Chiving of Company			
	ر المراجع المر	And Anti- and the Oil Companied on		
	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.		Original Signal La Trinsces Sciences . 19	
		المقلمط للسم مسلمانيين السام المساهات	BY	

(Signature)

(Title)

AGENT

12-20-82 (Date)

J. Little

TITLE . This form is to be filed in compliance with RULE 1104.

DEFUTT OIL LE L.

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.