STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	-	
DISTRIBUTI	1	
SANTA PE		_
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL.	
	BAD	
OPERATOR '		
PROBATION OF	ICE	
		 _

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REDUEST FOR ALLOWARIE

OPERATOR . REQUEST PU	K ALLUWABLE
AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS OCT 23 1130
I.	PORT OIL AND NATURAL GAS 100 001
KIMBELL OIL COMPANY OF TEXAS	
Address	012 557.3
BOX 1097, FARMINGTON, N. M. 87499	
Reason(s) for filing (Check proper box)	
New Well Change in Transporter of:	Other (Please explain)
Bassastavas	Name change of operator
[ondensate
and address of previous owner to Kimbell Oil Company	or from Sims Oil Company, Inc. y of Texas - effective 10/1/84
II. DESCRIPTION OF WELL AND LEASE	
men Horl Foot Hame, mending t	Logso No.
Location Location	Pictured Cliffs State, Federal or Fee. Fed. SF-079139A
Unit Letter I 1810 Feet From The S	790
Lir	ne and .790 Feet From The E
Line of Section 26 Township 25N Range	6W Rio Arriba
	County
ML DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	
Name of Authorized Transporter of Cit or Condensate None	Address (Give address to which approved copy of this form is to be sent;
Name of Authorized Transporter of Casinghead Gas or Dry Gas X	
El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rge.	Box 1492, El Paso, Texas 79978
give location of tanks.	Yes 12/18/82
If this production is commingled with that from any other lease or pool,	
NOTE: Complete Parts IV and V on reverse side if necessary.	give comminging order fidinger.
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED OF 1001
been complied with and that the information given is true and complete to the best of my knowledge and beilef.	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	BY Single Sung
	TITLE SUPERVISOR DISTRICT # 3
60 AM 11 -	This form is to be flied in compliance with RULE 1104.
(Signature)	If this is a request for allowable for a newly delited as dear
E. A. Clement, Agent	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULX 111.
(Tille) 10/15/84	All sections of this form must be filled out completely for silowable on new and recompleted wells.
(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.

Form 3160-5

16

UNITED STATES

6649' Gr.

SUBMIT IN TRIPLICATE

Form approved. Budget Bureau No. 1004-0135

Rio Arriba

(November 1983) Formurly 9- 331)	DEPARTMENT OF THE INTERIOR (Other Instructions on BUREAU OF LAND MANAGEMENT	SF-079139A
	NDRY NOTICES AND REPORTS ON WELLS s form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTER OR TRIBE NAME
OIL GAS WELL WELL	X OTHER	7. UNIT AGREEMENT NAME
. NAME OF OPERATOR		8. FARM OR LEASE NAME
	Kimbell Oil Company of Texas	Warren
3. ADDRESS OF OPERATO		9. WELL NO.
	Box 1097, Farmington, N. M. 87499	7
	Report location clearly and in accordance with any State requirements.	10. FIELD AND POOL, OR WILDCAT
See also space 17 be At surface	10 W.)	S. Blanco Pictured Cliff
1810° FSL	& 790 FEL Sec. 26, T25N, R6W	Sec. 26, T25N, R6W
14 PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:

NOTICE OF INTENTION 10.			Bobbagoani harvar os.						
			$\overline{}$	1		1	 -		
ST WATER SHUT-OFF		PULL OR ALTER CASING			WATER SHUT-OFF	•		REPAIRING WEL	L
RACTURE TREAT		MULTIPLE COMPLETE	·		FRACTURE TREAT	MENT		ALTERING CASIN	4G
ROOT OR ACIDIZE		ABANDON*		:	SHOOTING OR ACT			ABANDONMENT*	
PAIR WELL		CHANGE PLANS			(Other) Comp	pany l	Name	Change	
Other)					(Note: Rep Completion	port resu or Reco.	ilts of 1 impletion	multiple completion or n Report and Log form.)	Well)

.7 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Change name of operator from Sims Oil Company, Inc. to Kimbell Oil Company of Texas - effective Oct. 1, 1984

> RECEIVED OCT 2 4 1984 BUREAU OF LAND NOW GENERAL FARMINGTON RESOURCE AREA

OIL CON DIV.

SIGNED SIGNED CERTIFY that the foregoing is true and correct	TITLE E.	A. Clement, Agant	DATE Oct. 15, 1984
(This space for Federal or State office use)		AC	CEPTED FOR REPORT
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE
			- DEC 19 + 31

*See Instructions on Reverse Side

FARIMMOTON RESOURCE AREA