

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

RECEIVED

OIL & GAS

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.M.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator **CHANGED TO:** Kimbell Oil Company  
 Address 3000 Ft. Worth National Bank Bldg.  
 Fort Worth TX 76102

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner Curtis J. Little

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Salazar</b>	Well No. <b>6</b>	Pool Name, Including Formation <b>Ballard-Pictured Cliffs</b>	Kind of Lease Federal State, Federal or Fee	Lease No. <b>SF-080136</b>
Location Unit Letter <b>G</b> ; <b>1800</b> Feet From The <b>North</b> Line and <b>1840</b> Feet From The <b>East</b>				
Line of Section <b>34</b> Township <b>25N</b> Range <b>6W</b> , NMPM, <b>Rio Arriba</b> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
<b>El Paso Natural Gas Company</b>	<b>P. O. Box 4289, Farmington NM 87499</b>	
If well produces oil or liquids, give location of tanks.	Unit	When
		<b>no</b> <b>soon</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded <b>10-2-82</b>	Date Compl. Ready to Prod. <b>10-22-82</b>	Total Depth <b>2315'GR</b>		P.B.T.D. <b>2312'GR</b>				
Elevations (D) % RT, GR, etc.) <b>6365'GR</b>	Name of Producing Formation <b>Pictured Cliffs</b>	Top Oil/Gas Pay <b>2164'GR</b>		Tubing Depth <b>none</b>				
Perforations <b>2164-70, 2177, 80, 82, 2194-2206, 16-32, 44-52</b> <b>24" apart, 28 holes</b>						Depth Casing Shoe <b>2325</b>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<b>9-7/8"</b>	<b>7"</b>	<b>112'GR</b>		<b>15 sx (77 cf)</b>				
<b>6-1/4"</b>	<b>2-7/8"</b>	<b>2325</b>		<b>350 poz. &amp; 50 sx neat (690 cf)</b>				

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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

Actual Prod. Test-MCF/D <b>2508</b>	Length of Test <b>3 hrs</b>	Bbls. Condensate/MMCF <b>none</b>	Gravity of Condensate <b>-</b>
Testing Method (pistol, back pr.) <b>bk pr</b>	Tubing Pressure (shut-in) <b>tubingless</b>	Casing Pressure (shut-in) <b>7-day: 614 psi</b>	Choke Size <b>3/4</b>

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 is true and complete to the best of my knowledge and belief.

  
**Curtis J. Little** (Signature)  
 Agent  
 (Title)  
**12-20-82**  
 (Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY **Original Signed by CHARLES WILSON**  
 DEPUTY OIL & GAS INSPECTOR, DIST. #5  
 TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
 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.  
 Separate Forms C-104 must be filed for each pool in multiply completed wells.