

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator  
**SIMS OIL COMPANY, INC.**

Address  
**BOX 1097, FARMINGTON, N. M.**

Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in Ownership  **Name change of operator.**

If change of ownership give name and address of previous owner **Change name of operator from Kimbell Oil Co. to Sims Oil Co., Inc. effective 4-1-83**

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name **Liberman** Well No. **5** Pool Name, including Formation **Ballard Pictured Cliffs** Kind of Lease **Federal** Lease No. **NM-011639**  
 Location  
 Unit Letter **N**; **790'** Feet From The **S** Line and **2420** Feet From The **W**  
 Line of Section **19** Township **26N** Range **7W**, NMPM, **Rio Arriba** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  
**El Paso Natural Gas Co.** **Box 1492, El Paso, Texas 79978**  
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When  
**yes**

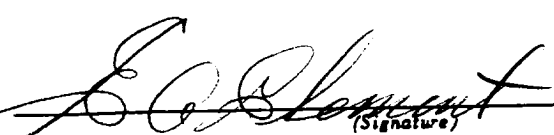
If this production is commingled with that from any other lease or pool, give commingling order number:

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 (pistol, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. 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.  
  
**B. A. Clement, Agent**  
 (Title)  
**4-10-83**  
 (Date)

OIL CONSERVATION DIVISION  
**APR 11 1983**  
 APPROVED \_\_\_\_\_  
 BY \_\_\_\_\_  
 SUPERVISOR DISTRICT # 3  
 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.