

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-1-83
Form 06-9-180
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OCT 23 1984

OIL CON. DIV.
DIST. 3

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	
PERMITS OFFICE	

I. Operator
KIMBELL OIL COMPANY OF TEXAS

Address
BOX 1097, FARMINGTON, N. M. 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) NAME CHANGE OF OPERATOR.
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner **Change name of operator from Sims Oil Company, Inc. to Kimbell Oil Company of Texas - effective Oct. 1, 1984**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cook	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter N	790	Feet From The S	Line and 1850	Feet From The W	
Line of Section 22	Township 29N	Range 11W	San Juan County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Co.	Box 9156, Phoenix, Arizona 85068
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)
El Paso Natural Gas Co.	Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit N Sec. 22 Twp. 29N Rge. 11W	Yes Nov. 1960

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

E. A. Clement
(Signature)
E. A. Clement, Agent
(Title)
10/15/84
(Date)

OIL CONSERVATION DIVISION
APPROVED **OCT 23 1984**, 19
BY *Frank J. Dwyer*
TITLE **SUPERVISOR DISTRICT # 3**

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 filled for each pool in multiply completed wells.