NO. OF COPIES RECEIVED		4	
DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
IRANSPORTER	GAS		
OPERATOR		3	
PRORATION OFFICE			
Operator K.J.	[MBEL]	LI	c.
Address P.	.0. во	)X 1	097
Reason(s) for filing	(Check p	roper	box)
New Well			
Recompletion			
Change in Ownership	اعجاء		
		_	

I.	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER  OIL  GAS  OPERATOR  PRORATION OFFICE  Operator  KIMBELL INC.  Address  P. O. BOX 1097  Reason(s) for filing (Check proper box)  New Well	AUTHORIZATION TO TRAI	FOR ALLOWABLE AND INSPORT OIL AND INSPORT OIL AND INSPORT OIL AND INSPORT OTHER (Please	NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65  AS	
	Recompletion  Change in Ownership	Oil Dry Gas Casinghead Gas Condens Change name of operator Effective Date 4-1-69	sate x	ve Date 6	-1-69	
II.	DESCRIPTION OF WELL AND	LEASE. Well No.: Pool Name, Including Fo		Tree 1	Lease No.	
	Lease Name	ormation	State Federal on Fee 77			
	Location		222		F	
	Unit Letter P ; 990	) Feet From The S Line	and <u>990</u>	Feet From T	he	
	Line of Section 22 Tow	vnship 29 Range	11 , NMPN	A, San	Juan County	
III.		TER OF OIL AND NATURAL GAS	S Address (Give address	to which approx	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Oil Plateau Inc.	**	·		·	
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	]		n. New Mexico ed copy of this form is to be sent)	
	El Paso Natural Gas	Comeany Unit Sec. Twp. Rge.	P.O. Box 990 Is gas actually connect			
	If well produces oil or liquids, give location of tanks.	P 22 29 11	yes		ov. 1960	
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool, a	give commingling orde	r number:		
•••	Designate Type of Completion		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.	
			Top Oil/Gas Pay		Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gas Pay		Tubing Depth	
	Perforations				Depth Casing Shoe	
		TUBING, CASING, AND	ID CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ET	SACKS CEMENT	
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be at	ter recovery of total vol:	ume of load oil	and must be equal to or exceed top allow-	
٠,	OIL WELL Date First New Oil Run To Tanks		pth or be for full 24 hour Producing Method (Flo	·s)		
	Date First New Oil Ruil 10 Tuning				OFFFI	
	Length of Test	Tubing Pressure	Casing Pressure		Choke Sir KLUL	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCF APR 3 0 1969	
		<u> </u>			OIL CON. COM.	
	GAS WELL				DICT	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	)F	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size	
VI.	VI. CERTIFICATE OF COMPLIANCE		OIL	CONSERVA	TION COMMISSION	
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED MAY 1 4 1969			
	Commission have been complied to	with and that the information given best of my knowledge and belief.	BY Original Signed by Emery C. Arnold			
		TITLESUPERVISOR DIST. #3				
	Original Signed By Joh	This form is to be filed in compliance with RULE 1104.				
(Signature) Sur t. (Title)			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.			
•	(Di	ate)	Separate Forms C-104 must be filed for each pool in multiply completed wells.			

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-	VO. OF CORPER RECEIVED
	DISTRIBUTION
ĺ	SANTA FE
	319
	U.S.G.S.
	LAND OFFICE

## NEW MEXICO OIL CONSERVATION TOMAL-\$104 REQUEST FOR ALLOWARIES AND AND AUTHORIZATION TO TRANSPORT OF AND CATURAL SAS

Form C 104 Supersides Old C-104 and C-110 Etheorye 1-1-65

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