HO. OF COPIES RECEIVED		4	
DISTRIBUTION			
SANTA FE		1	
FILE		1/	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		3	
PRORATION OFFICE			

DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104	
SANTA FE /	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-116	
FILE /	1	AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	s	
LAND OFFICE	4			
TRANSPORTER OIL GAS /				
OPERATOR 3				
PRORATION OFFICE	<u> </u>			
Operator	- 1. 0			
Address Kimbank	operating Co.			
808 Lincoln:	tower Bldg, 1860 L		Cho 80203	
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 Conden	sure [-]		
f change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE   Well No.: Pool Name, Including Fo	ormation   Kind of Lease	Lease No.	
Horton		piet cliff State, Federal c	_	
Location				
10.5	Feet From The S Line	e and YTO Feet From Th	. =	
Unit Letter;	reer from theLine		•	
Line of Section 22 To	waship 32N Range	11W, NMPM, Sa.	w tuan County	
The or occurrent				
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approve	d copy of this form is to be sent)	
			d and the form to to be seed.	
Name of Authorized Transporter of Ca		Address (Give address to which approve	g copy of this form is to be sent;	
Northwest Pipe		50me 62 #	<u> </u>	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	Ceda 28 1835	
give location of tanks.	<u> </u>	<u> </u>	- 1,111	
	th that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.	
Designate Type of Completion		X	1	
Date Spudded	Date Compl. Ready to Prod.	1	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	l	Tubing Depth	
6390 KB	Pict. cliffs	3120	2876	
Perforations			Depth Casing Shoe	
3120-47	·		3281	
		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12/4"	8 5/811	279	175	
7 1/8"	41/10	3281	600	
	2 1/16"	3/50		
		<u> </u>		
TEST DATA AND REQUEST F		fter recovery of total volume of load oil an	d must be equal-sa or exceed top allou	
OIL WELL	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	etc.)	
Date First New Oil Run To Tanks	Date of 198t		Chek Alex	
I shall of Tage	Tubing Pressure	Casing Pressure		
Length of Teet		-	1 € co	
Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas-W	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
GAS WELL		I male Condenses On Con	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
2984 myd		Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	250	3/4 "	
SP	850	<del> </del>		
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVAT	TION COMMISSION 1975	
		APPROVED	, 19	
hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		Original Signed by A. R. Kendrick		
above is true and complete to th	e best of my knowledge and belief.			
		ONTONOTICOD DIST. 45		

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