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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Rottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TO TRA	ANSPORT OIL	AND NATUR	AL GAS	Well AF	No.			
Operator Kimbark Oíl & Gas Company					30045213620081				
Address 1660 Lincoln St, #27	700, Denver,	CO 80264							
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator		n Transporter of:  Dry Gas		lease explair tive Da	n) ate: 7-1	.6-91		•	
	lador Petrole	eum Company l	660 Linco	ln St,	#2700,	Denver, (	0 8020	54	
I. DESCRIPTION OF WELL									
Lease Name Horton	Well No	g Formation ctured Cli:	ffs	Kind of State F	Lease Lease No. 82-078039B				
Location Unit Letter0	: 800	_ Feet From The _Sc	outh Line and	1450	Fcc	t From The	East	Line	
Section 22 Townshi	p 32N	Range 11W	, NMPN	4. San	Juan			County	
III. DESIGNATION OF TRAN	SPORTER OF	OIL AND NATU	RAL GAS				<del></del>		
Name of Authorized Transporter of Oil	or Cond	ensate	Address (Give ad	kiress to whi	ich approved	copy of this fori	n is to be sen	1)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas [XX]			Address (Give address to which approved copy of this form is to be sent)						
Northwest Pipeline Co	rp.	-la 1 -	PO Box 89	00, Sal	t Lake When	City, UT	84108-	0900	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Yes	AIRCACO (	•	29/ <b>75</b>			
If this production is conuningled with that	from any other lease	or pool, give commingl	ing order number:						
IV. COMPLETION DATA	loil W			Vorkover	Deepen	Plug Back  S	Same Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)		i L		i	<u> </u>		<u> </u>	
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		
	rry (1518)	C CASING AND	CEMENTING	I RECOR	D	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		D	EPTH SET		SACKS CEMENT			
HOLL SIZE									
V. TEST DATA AND REQUI	EST FOR ALLO	WABLE	of he equal to or a	xceed ton all	lowable for th	is depth or be f	or full 24 hou	urs.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test			st be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
			Bag E.M	E N	I I I	Choke Size.	9. J. j. j.		
Length of Test	Tubing Pressure		DI E U		5		() ( )		
Actual Prod. During Test	Oil - Bbls.		JUL1 81991,			Gas-MCF (1987) 1987.			
GAS WELL			OIL.C	QN	DIV.	Gravity of C	Condensate	- 1-1-1	
Actual Prod. Test - MCF/D	Length of Test		Bols: Condens	IST. 3		Glavity of C		\$ ',	
Testing Method (pitot, back pr.)	'l'ubing Pressure (Shut-in)		Casing Pressur	e (Shut-in)	*:	Choke Size			
VI. OPERATOR CERTIF  I hereby certify that the rules and re Division have been complied with a	gulations of the Oil Co	onservation	C	IL CO		/ATION		NC	
is true and complete to the bost of the	ny knowledge and beli	ef.	Date	Approv	ed	JUL / 8	1991		
1/Mar / 1/11			By		1	as d	-/		
Signature  Victor P. Stabio President  Printed Name Title			Title SUPERVISOR DISTRICT #3						
	(303)	8395504 Telephone No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.