

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	
PRORATION OFFICE	1

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

I. Operator
 Operator: Kimbark Operating Company
 Address: 1860 Lincoln Street, Denver, Colorado 80203
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain): _____
 If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Heather Ann</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Verde-Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	MOO No. <u>1420-0622</u>
Location Unit Letter _____; <u>660</u> Feet From The <u>S</u> Line and <u>992</u> Feet From The <u>E</u> Line of Section <u>7</u> Township <u>31N</u> Range <u>14W</u> , NMPM, <u>San Juan</u> County				

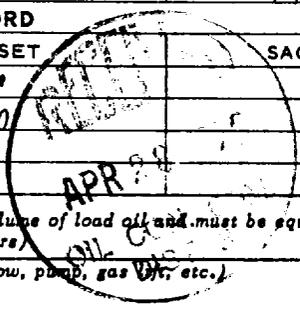
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Inland Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1528 - Farmington, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>2/21/75</u>	Date Compl. Ready to Prod. <u>4/2/75</u>	Total Depth <u>2600'</u>	P.B.T.D. <u>2600'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6030 K.B.</u>	Name of Producing Formation <u>Gallup</u>	Top Oil/Gas Pay <u>2500'</u>	Tubing Depth <u>2590'</u>					
Perforations <u>Open Hole</u>	Depth Casing Shoe <u>2440'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4</u>	<u>8 5/8</u>	<u>124'</u>	<u>125</u>					
<u>7 7/8</u>	<u>5 1/2</u>	<u>2440</u>	<u>100</u>					



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 <u>4/2/75</u>	Date of Test <u>4/2/75</u>	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>82</u>	Oil - Bbls. <u>82</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>8.2</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Walter K. Arbuckle
 Walter K. Arbuckle (Signature)
 President
 (Title)
4/24/75
 (Date)

OIL CONSERVATION COMMISSION

APR 28 1975

APPROVED _____

BY Original Signed by Emery G. Arnold

TITLE SUPERVISOR DIST. #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 filed for each pool in multiply completed wells.