

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
Kimbark Oil & Gas Company
Address
1580 Lincoln Street, Suite 1000, Denver, CO 80203Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒ Effective March 5, 1987
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Horton	Well No. 1A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. SF078095A
Location Unit Letter <u>G</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>1690</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>31N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian</u> <u>Permian (EN. 9 / 1 / 87)</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Sunterra Gas Gathering Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 26400, Albuquerque, NM 87125</u>
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>7</u> Twp. <u>31N</u> Rge. <u>11W</u>	Is gas actually connected? <u>Yes</u> When <u>1976</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
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		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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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

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

Christine Pickart
(Signature)Production Supervisor
(Title)July 7, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 10 1987
BY Frank J. [Signature]
SUPERVISOR DISTRICT #3
TITLE _____

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 deviated 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 multiple completed wells.