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TRANSPORTER	OIL
	GAS
OPERATOR	4
PRORATION OFFICE	

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
KIMBELL OIL COMPANY

Address
P.O. BOX 1097 FARMINGTON, NEW MEXICO

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
**Change name of operator from Kimbell Inc. to Kimbell Oil Company
Effective Date 4-1-73**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Liberman	Well No. 2	Pool Name, Including Formation Ballard P.C.	Kind of Lease State, Federal or Fee Fed.	Lease No. 011639
Location Unit Letter M ; 990 Feet From The S Line and 990 Feet From The W Line of Section 4 Township 25 Range 7 , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 990 Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Is gas actually connected? Yes 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	Gas Well	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.					
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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and gas is pumped or forced top allowable 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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MAR 27 1973
OIL CON. COM.
TEST. 3

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.

Original Signed By **John Carethers**
(Signature)
Supt.
(Title)
3-27-73
(Date)

OIL CONSERVATION COMMISSION
APPROVED **MAR 27 1973**, 19
BY **Original Signed by Emery C. 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.

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

FORM 0110
 September 1941
 Revised 1-1-42

1. Name of Applicant _____		2. Address _____	
3. City _____		4. State _____	
5. Zip _____		6. Date of Application _____	
7. Name of Agent _____		8. Address _____	
9. City _____		10. State _____	
11. Zip _____		12. Date of Authorization _____	
13. Name of Producer _____		14. Address _____	
15. City _____		16. State _____	
17. Zip _____		18. Date of Production _____	
19. Name of Refiner _____		20. Address _____	
21. City _____		22. State _____	
23. Zip _____		24. Date of Refining _____	
25. Name of Distributor _____		26. Address _____	
27. City _____		28. State _____	
29. Zip _____		30. Date of Distribution _____	
31. Name of Consumer _____		32. Address _____	
33. City _____		34. State _____	
35. Zip _____		36. Date of Consumption _____	
37. Name of Shipper _____		38. Address _____	
39. City _____		40. State _____	
41. Zip _____		42. Date of Shipment _____	
43. Name of Receiver _____		44. Address _____	
45. City _____		46. State _____	
47. Zip _____		48. Date of Receipt _____	
49. Name of Terminal _____		50. Address _____	
51. City _____		52. State _____	
53. Zip _____		54. Date of Terminal _____	
55. Name of Pipeline _____		56. Address _____	
57. City _____		58. State _____	
59. Zip _____		60. Date of Pipeline _____	
61. Name of Station _____		62. Address _____	
63. City _____		64. State _____	
65. Zip _____		66. Date of Station _____	
67. Name of Tanker _____		68. Address _____	
69. City _____		70. State _____	
71. Zip _____		72. Date of Tanker _____	
73. Name of Port _____		74. Address _____	
75. City _____		76. State _____	
77. Zip _____		78. Date of Port _____	
79. Name of Vessel _____		80. Address _____	
81. City _____		82. State _____	
83. Zip _____		84. Date of Vessel _____	
85. Name of Company _____		86. Address _____	
87. City _____		88. State _____	
89. Zip _____		90. Date of Company _____	
91. Name of Department _____		92. Address _____	
93. City _____		94. State _____	
95. Zip _____		96. Date of Department _____	
97. Name of Division _____		98. Address _____	
99. City _____		100. State _____	
101. Zip _____		102. Date of Division _____	

I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.

Signature of Applicant: _____

Date: _____

Signature of Agent: _____

Date: _____

Signature of Producer: _____

Date: _____

Signature of Refiner: _____

Date: _____

Signature of Distributor: _____

Date: _____

Signature of Consumer: _____

Date: _____

Signature of Shipper: _____

Date: _____

Signature of Receiver: _____

Date: _____

Signature of Terminal: _____

Date: _____

Signature of Pipeline: _____

Date: _____

Signature of Station: _____

Date: _____

Signature of Tanker: _____

Date: _____

Signature of Port: _____

Date: _____

Signature of Vessel: _____

Date: _____

Signature of Company: _____

Date: _____

Signature of Department: _____

Date: _____

Signature of Division: _____

Date: _____