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 TRANSPORTER OIL GAS
 OPERATOR _____
 PRODUCTION OFFICE _____

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

Form O-104
 Supersedes Old O-104 and is
 Effective 1-1-65

Operator: **KIMBARK OIL & GAS COMPANY** *12672* *20-029-20585*
 Address: **1580 LINCOLN STREET SUITE 700 DENVER, COLORADO 80205**
 Reason(s) for filing (Check proper box) New Well Recombination Change in Ownership Change in Transporter of: Oil Gashead Gas Dry Gas Condensate
 Other (Please explain): **COMPANY NAME CHANGE**

If change of ownership give name and address of previous owner: **KIMBARK OPERATING CO. - 1580 LINCOLN STREET #700, DENVER, CO**

DESCRIPTION OF WELL AND LEASE
 Well Name: **24873 BALBUCHE STATE** Well No.: **1** Pool Name, including Formation: **BALLARD PC Ext** Kind of Lease: **STATE**
 Location: **E 240** Feet From The **South** Line and **790** Feet From The **East** Line
 Section: **30** Township: **25 N** Range: **7 West**, NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Applicant: **For Oper. Change only** or Condensate _____ Address (Give address to which approved copy of this form is to be sent) _____
 Name of Transporter: _____ or Dry Gas _____ Address (Give address to which approved copy of this form is to be sent) _____
 If well is not currently producing, date of completion of test _____ Is gas actually connected? _____ When _____
 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	Core Res't	Other
(X) _____	_____	_____	_____	_____	_____	_____	_____	_____
Date Started	_____	_____	_____	_____	_____	_____	_____	_____
Producing Formation	_____	_____	_____	_____	_____	_____	_____	_____
Producing Formation	_____	_____	_____	_____	_____	_____	_____	_____

TUBING, CASING, AND CEMENTING RECORD

HOLESIDE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA - REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or greater than 10% of the total volume of load oil for this depth or be for full 24 hours)

NEW WELL
 Date of Test: _____ Producing Method (Flow, pump, gas lift, etc.): _____
 Casing Pressure: _____ Choke Size: _____
 Casing Pressure: _____ Choke Size: _____
 Date of Test: **MAY 11 1982**

GAS WELL
 Length of Test: _____
 Casing Pressure (psi): _____ Casing Pressure (psi): _____
 Choke Size: _____



CERTIFICATE OF COMPLIANCE
 I hereby certify that the well and its operations of the Oil Conservation Commission have been completed in accordance with the information given to me and to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION
 APPROVED: _____, 19 _____
 Original Signed by **FRANK T. CHAVEZ**
 BY: _____
 TITLE: **CHAVEZ DISTRICT #3**
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the results of tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for a well on new and recompleted wells.
 This form is to be filed in compliance with RULE 1104.