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MAILED
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July 28, 1969

Mr. Donald W. McCay
McCay, Weaver and Wiggins
Grace Pittman Building
Fayetteville, North Carolina

Re: Cook-Bloomfield Unit #1
San Juan County, New Mexico

Dear Mr. McCay:

On July 10, 1961, you furnished me with a Quit Claim Deed from various parties to Mr. J. A. Johnson covering a certain property in Section 22, T-29-N, R-11-W, San Juan County, New Mexico.

I am unable to locate the address of Mr. Johnson. We are releasing payment for the forced pooled interest under this tract and, if it is available, would appreciate knowing his mailing address.

Thanking you for this service, I am

Yours very truly,

KIMBELL, INC.

Sam W. Sims, Jr.

Sam W. Sims, Jr.

SWS:em

cc: Mr. A. L. Porter, Jr.
P. O. Box 2088
Santa Fe, New Mexico 87501



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TRANSPORTER	OIL 1 GAS 1
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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)
Change name of operator from Kimbell, Inc. to Kimbell Oil Company
Effective Date **4-1-73**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cook	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N ; 1850 Feet From The W Line and 790 Feet From The S Line of Section 22 Township 29N Range 11 W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108 Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990 Farmington, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 22	Twp. 29N	Rge. 11W
	Is gas actually connected?		When Nov. 1960	

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'tv.	Diff. Res'tv.
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 must be equal to or exceed 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

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 Carothers

(Signature)

Supt.

(Title)

3-27-73

(Date)

OIL CONSERVATION COMMISSION

MAR 27 1973

APPROVED _____, 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.