Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

- State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

1.			BLE AND AUTHORIZ L AND NATURAL GA			
Operator Hallador	Petroleum Co			Well API No.	Well API No. 300451084100S1	
Address 1580 Lincoln St. #1000, Denver, CO 80203						
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Transporter of: Dry Gas Condensate	Other (Please explain	in)		
If change of operator give name and address of previous operator Kimbark Oil & Gas Company, 1580 Lincoln St. #1000, Denver, CO 80203						
II. DESCRIPTION OF WELL AND LEASE						
Lease Name Horton	Well No. Pool Name, Including 1 Blanco M		ing Formation Mesaverde	Kind of Lease State, Federal or Fee	Lease No. SF078095	
Location Unit Letter P	: 790		South Line and 990	Feet From The	East Line	
Section 7 Township	_p 31N	Range 11W	, NMPM,	San Juan	County	
III DECICALATION OF TO AN	CDODTED OF O					
Name of Authorized Transporter of Oil or Condensale Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Sunterna Gas Gathering Company			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.	PO Box 26400, Albuquerque, NM 87125 Is gas actually connected? When? Yes 1950's			
If this production is commingled with that (from any other lease or	pool, give comming		1950	5	
IV. COMPLETION DATA	Oil Well	l Gas Well	New Well Workover	Deepen Plug Back	Same Res'v Diff Res'v	
Designate Type of Completion	- (X)	i i	i i i		Same Res V Diri Res V	
Date Spanded	Date Compl. Ready to	o Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	Tubing Dept	h	
Perforations			Depth Casing Shoe			
	TUBING,	CASING AND	CEMENTING RECORD)		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
V. TEST DATA AND REQUES OIL WELL (Test must be after re		•	. ha annual to on awared too ollow	unhla for this danth on had	in G.U.24 hours	
			Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure		Casing Pressure	Dolesi (EINEU	
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	MAR	1 2 1990	
GAS WELL			•			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		MST. 3	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR 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.			OIL CONSERVATION DIVISION Date Approved			
Willia				7.110		
Signature WILLIAM T. KRIEG, PRESIDENT			SUPERVISOR DISTRICT #3			
Printed Name 3/7/90 (303) 839-5504			Title	SUPERVISOR D	ISTRICT #3	
Date Telephone No.						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.