-- -- -----DISTRIBUTION SANTA FE FILE U.B.G.B. LAND OFFICE DIL TRANSPORTER GAS OPERATOR

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROBATION OFFICE Operator Kimbark Oil & Gas Company Address 1580 Lincoln St. #700 Denver, CO 80203
Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Kimbark Operating Company was Dry Gas absorbed by Kimbark Oil & Gas Company Recompletion Change in Ownership (See other) Casinghead Gas Condensate 1580 Lincoln St. #700 Denver, CO 80203 If change of ownership give name and address of previous owner ____ Kimbark Operating Company DESCRIPTION OF WELL AND LEASE Leose No. Kind of Lease Well No. Pool Name, Including Formation Lease Nam State, Federal or Fee Federal SF078095A 6 Blanco Pictured Cliffs Horton Location _ Feet From The __ 790 Feet From The South Line and 790 , NMPM, San Juan County Range 11W Township 31N DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas PO Box 1492 El Paso, TX 79978 El Paso Natural Gas Co. Rge. actually connected? Unit If well produces oil or liquids, 11/77 Yes If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Res'v. Diff. Res' Plug Back Gas Well Oll Well Designate Type of Completion -(X)P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc., Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top alloable for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choie Size Casing Pressure Tubing Pressure Leacth of Test Gos -MCF Water - Bbls. 'Oky s Oil-Bbls. Actual Pred. During Test GAS WELL Gravity of Condensate Bbis. Condensate/MMCF Actual Frod. Test-MCF/D Length of Test Coming Pressure (Shut-in) Chore Size Tubing Pressue (Shat-in) Testing Method (pilot, back pr.) OIL CONSERVATION DIVISION . CERTIFICATE OF COMPLIANCE APR 9 1982 APPROVED. 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. Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3 TITLE This form is to be filed in compliance with MULE 1104, If this is a request for allowable for a newly drilled or desper

Caronser (Signature) Manager of Drilling & Production (Tule) 3/31/82

(Doie)

well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recomplated wells.

Fill out only Sections I. II. III, and VI for changes of ownerell name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multip