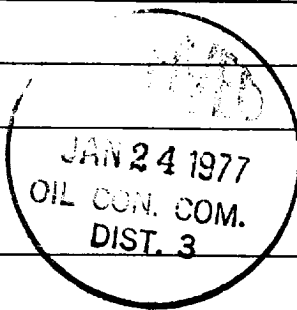


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	GAS	
OPERATOR		2
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator		KIMBARK OPERATING CO.	
Address		1860 Lincoln Street #808, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>



If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	HEATHER ANN	Well No.	2	Pool Name, including Formation	VERDE GALLUP	Kind of Lease	State, Federal or Fee Federal	Lease No.	MOO-C
Location		1420-0622							
Unit Letter	L	2400	Feet From The	S	Line and	430	Feet From The	W	
Line of Section	8	Township	31N	Range	14W	NMPM,	San Juan	County	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Caribou Four Corners		404 N. 31st Street, Billings, Montana 59101				
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	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.	Pge.	Is gas actually connected?	When
		8	31N	14W	No TSTM	

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
Date Spudded	11-16-76	Date Compl. Ready to Prod.	1-1-77	Total Depth	2310	P.B.T.D.	2310		
Elevations (DF, RKB, RT, GR, etc.)	5816 GL	Name of Producing Formation	Gallup	Top Oil/Gas Pay	2122'	Tubing Depth	2120		
Perforations	Open hole					Depth Casing Shoe	2122		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8		1521'		100			
5 1/2		7 7/8		2122		60			
		2 3/8		2120					

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	1-1-77	Date of Test	1-1-77	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	24 hours	Tubing Pressure		Casing Pressure	10#
Actual Prod. During Test		Oil-Bble.	5	Water-Bble.	0
				Choke Size	2"
				Gas-MCF	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.

Walter K. Arbuckle
President
1/18/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED
Original Signed by A. K. Kenton
BY
SUPERVISOR

TITLE
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.