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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, Suite 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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Horton	Well No. 9	Pool Name, Including Formation Blanco - Pictured Clif	Kind of Lease Fee State, Federal or Fee	82-078039B Fed SF-078039B	No.
Location					
Unit Letter <u>G</u> : <u>1675</u> Feet From The <u>East</u> Line and <u>1540</u> Feet From The <u>North</u>					
Line of Section <u>22</u> Township <u>32N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
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)				
Northwest Pipeline Co.	PO Box 1526, Salt Lake City, Utah 84110				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 22	Twp. 32N	Rge. 11W	Is gas actually connected? <input type="checkbox"/> When

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'v.	Diff. Res'v.
		X	X					
Date Spudded 8/5/77	Date Compl. Ready to Prod. 9/14/77	Total Depth 3362'	P.B.T.D. 3193'					
Elevations (DF, RKB, RT, GR, etc.) 6417' KB	Name of Producing Formation Blanco - Pictured Clif	Top Oil/Gas Pay 3149'	Tubing Depth 3001'					
Perforations 3149-3176	Depth Casing Shoe 3258'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	150'	Circ.					
7 7/8"	4 1/2"	3258'	170 sxs					
		2009' stage collar	200 sxs					

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 240	Length of Test 24 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) pitot	Tubing Pressure (Shut-in) 600#	Casing Pressure (Shut-in) 600#	Choke Size 1/2"

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.

Carl R. Burkholder
(Signature)

President

(Title)

12/12/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 14 1978, 19 _____

BY Original Signed by A. R. Kendrick

SUPERVISOR DIST. 13

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.