

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator
KIMBARK OIL & GAS COMPANYAddress
1580 Lincoln Street, #700, Denver, CO 80203

| | |
|--|---|
| 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

MOO-C-1420-0622

DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------|----------------------|---|---|-----------------------|
| Lease Name GOTUR | Well No. 1 | Pool Name, Including Formation UTE DOME, PARADOX | Kind of Lease FEDERAL State, Federal or Fee | Lease No. |
| Location | | | | |
| Unit Letter A | 1000 | Feet From The NORTH | Line and 820 | Feet From The EAST |
| Line of Section 8 | Township 31 North | Range 14 West | NMPM, | San Juan County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|---|-----------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> THE PERMIAN CORPORATION Permitted EX. 9 / 1 / 87 | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas | Address (Give address to which approved copy of this form is to be sent) JAMES STORY P. O. Box 4990, Farmington, New Mexico 87499 | |
| If well produces oil or liquids, give location of tanks. | Unit A | Sec. 8 |
| | Twp. 31N | Rge. 14W |
| | Is gas actually connected? YES | When 3/18/83 |

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

COMPLETION DATA

| | | | | | | | | |
|--|--|-------------------------|---------------------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res't. | Diff. Res't. |
| | | X | X | | | | | |
| Date Spudded 1/24/82 | Date Compl. Ready to Prod. 7/1/82 | Total Depth 9040 | P.B.T.D. 8387 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6157' GR; 6170'-KB | Name of Producing Formation Paradox | Top Oil/Gas Pay 8139 | Tubing Depth 8222 | | | | | |
| Perforations 8302-24 | | | Depth Casing Shoe 9040 | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|---------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4" | 8 5/8" | 707 | 490 sx CL "B" |
| 7 7/8" | 5 1/2" | 9040 | 235 sx CL "H" |
| 5" | 2 7/8" | 8222 | |

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 1970 | Length of Test 24 hr | Bbls. Condensate/MMCF TSTM | Gravity of Condensate -- |
| Testing Method (pitot, back pr.) Back Pressure | Tubing Pressure (shut-in) 1500 psi | Casing Pressure (shut-in) -- | Choke Size 10/64" |

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.


(Signature)OPERATIONS MANAGER
(Title)3/21/83
(Date)

OIL CONSERVATION DIVISION

4-4-83
APPROVED APR 4 - 1983

BY Original Signed by FRANK T CHAVEZ

TITLE SUPERVISOR DISTRICT # 2

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 deviated 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. Form C-104 must be filled for each pool in multi-