Submit 5 Copies
Appropriate District Office
DISTRICT I
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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION P.O. Box 2088

0/410	REQUEST FOR ALLOWABLE AND AUTHORIZATION
	TO TRANSPORT OIL AND NATURAL GAS

· ·				0111 012								
Öperator	l l	Well API No.										
Kimbark Oil & Gas Company								300452525700S1				
Address												
1660 Lincoln St., #	2700,	Denver	, co	80264								
Reason(s) for Filing (Check proper box)  New Well  Other (Please explain)  Change in Transporter of:												
New Well	P.F. C. C.											
Recompletion	Dry (	Effective Date: 7-16-91										
Change in Operator	Casinghea	d Gas 🗌	Cond	ensate 🗓								
f change of operator give name and address of previous operator Hall	ador O	il & Ga	as C	ompany,	1660 Li	ncoln St	., #270	O, Denve	r, CO 8	30264		
II. DESCRIPTION OF WELL	AND LEA	ASE										
Lease Name	ing Formation			Kind of Lease No.								
Gotur	ו	l II+	e Dome 1	Paradox		State	State (Federal) or Fee MOO-C1420-(					
Location						<del></del>			<del></del>			
Unit Letter A	: 100	Λ	East 1	Course The No	orth I:m	and 820	E.	est Emm The	East	Line		
Unit LetterA	: 100	<u> </u>	rect	rion the 119	ST CTI THIN	2 and	r	zei Pioni The _	Labe	une		
Section 8 Township	31 N		Rang	e 14W	. N	MPM, San	Juan			County		
Decident A Township	:			1.4.1		Jan	Juan					
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATUI	RAL GAS							
Name of Authorized Transporter of Oil	( ) · · · · ·	or Conden				e address to wh	uch approved	l copy of this fo	orm is to be se	nt)		
·	LJ				,		••					
Giant Refining Name of Authorized Transporter of Casing	head Gas		or Dr	y Gas [X]	Address (Giv	e address to wh	iich approved	l copy of this fo	orm is to be se	ent)		
El Paso Natural Gas					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978							
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.			When					
give location of tanks.	Oint   Sec.		311		Yes	y connected.		3/18/83				
If this production is commingled with that i			•		·			10/03				
IV. COMPLETION DATA	ioni any ou	ici icase oi	tooi, i	give commingi	ing order num					<del></del>		
17. COM ELTON DATA		lo: w.u		Con Well	Now 31/411	1 Wadenia	l Dansa	Dive Book	Cama Das'u	Diff Back		
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	i same Kerv	Diff Res'v		
Date Spudded		pl. Ready to	Droid		Total Depth	l	l		<u> </u>			
Date Spudded	Date Com	pi. Ready it	o raca.		P.B.T.D.							
EL CONTROL OF CR.	N				Ton Oil/Gas	Pav		mari bara				
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	omauo	on	Top Oil/Gas Pay			Tubing Depth				
Perforations						Depth Casing Shoe						
remotations								Depui Casii	g snoe			
					001 (01 (01	N.G. 55000			<del></del>			
					CEMENTI	NG RECOR						
HOLE SIZE	CASING & TUBING SIZE				ļ	DEPTH SET		SACKS CEMENT				
					ļ			_				
					ļ							
	1				<u> </u>		·					
V. TEST DATA AND REQUES												
OIL WELL (Test must be after r	ecovery of t	otal volume	of loa	d oil and must					for full 24 hou	urs.)		
Date First New Oil Run To Tank	Date of Te	est			Producing M	ethod (Flow, pr	ump, gas lift,	eic.)				
	l											
Length of Test	Tubing Pressure			Casine Pass	# 8 8 <i>8</i> 8		Choke Size					
					DEGETYEIN			1 12/2				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas-MCF				
				u	<b>u</b>	9 1001			Histor Q 1	Quit T		
CASWELL					<del></del>	8 1991		_+	<del></del>	***		
GAS WELL Actual Prod. Test - MCF/D	Length of	Tost		····	All CCL	MMMED!	\ <del>/</del>	Cravity of	Condensate	1.31		
recises a tog. 100t - ITICITO	- Lingui Oi	reat			<b>7.2</b>		w.	Clavity of				
Thering Mathed (-/ b)	Tuking b	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	essure (Singl-III)			Casing Fressure (Situt-III)			CHOKE SIZE					
	1											
<b>VI.</b> OPERATOR CERTIFIC	ATE O	F COMI	PLIA	NCE	11 .		JOHN	ATION	D111010	211		
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above						1004						
is true and complete to the best of my knowledge and belief.						Date Approved JUL /8 1991						
						, .hbi 046						
							-	· ~	/			
Signatur		į			∥ By_		منده	. 7. 5%	<del>{</del>			
Victor P. Stabio	, Pres	sident					SHOED	VISOR DIS	STRICT 4	13		
Printed Name		(202) (	Title		Title		OUFER	*100H DK				
6/7/91 Date		(303) 8	lephon		[]							
Late		16	repnon	C INO.	- {							

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.