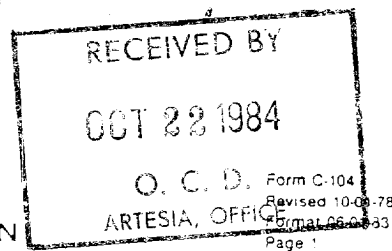


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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	GAS <input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

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



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: **KIMBELL OIL COMPANY OF TEXAS**

Address: **BOX 1097, FARMINGTON, NEW MEXICO 87499**

Reason(s) for filing (Check proper box):

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	Other (Please explain): <b>NAME CHANGE OF OPERATOR.</b>
<input type="checkbox"/> 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	

If change of ownership, give name and address of previous owner: **Change name of operator from Sims Oil Company, Inc. to Kimbell Oil Company of Texas - effective Oct. 1, 1984**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>B &amp; B Federal</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Dayton-Abo</b>	Kind of Lease State, Federal or Foreign <b>Federal</b>	Lease No. <b>LC-064622</b>
Location				
Unit Letter <b>C</b>	<b>330</b>	Feet From The <b>N</b>	Line and <b>1980</b>	Feet From The <b>W</b>
Line of Section <b>36</b>	Township <b>18S</b>	Range <b>26E</b>	County <b>Eddy</b>	

SCURLOCK PERMIAN CORP EFF 9-1-91

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Casinghead Gas <input type="checkbox"/>	<b>The Permian Corporation - Permian (Eff. 9/1/87)</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1183, Houston, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<b>Phillips Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma</b>
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>36</b>
	Twp. <b>18S</b>	Rgn. <b>26E</b>
	Is gas actually connected? <b>Yes</b> When <b>3/18/60</b>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

  
(Signature)  
**E. A. Clement**  
(Title)  
**Agent**  
(Date)  
**10/15/84**

OIL CONSERVATION DIVISION

APPROVED **OCT 24 1984**, 19\_\_\_\_\_  
BY \_\_\_\_\_ Original Signed By  
**Leslie A. Clements**  
TITLE **Supervisor District II**

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Post FD-3  
10-26-84  
Bkg. Op.