STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| DISTRIBUTION | | | |
|------------------|-----|--|--|
| SANTA FE | | | |
| FILE | | | |
| U.8.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PROBATION OFFICE | | | |

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

| | Form C-104 |
|-------|------------------|
| | Revised 10-01-78 |
| | Format 06-01-83 |
| | Page ' |
| - O E | NE |
| | 25,084 |

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

| PROBATION OFFICE | AUTHORIZATION T | O TRANSPO | PORT OIL AND NATURAL GAS | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--|--|
| Coperator KIMBELL OIL COMPAN | Y OF TEXAS | | OIL CIST. | | |
| BOX 1097, FARMING | TON, N. M. 87 | 7499 | | | |
| Reason(s) for filing (Check proper box) | | | Other (Please explain) | | |
| New Well | Change in Transporter | of: | | | |
| Recompletion | Out Dry Gas Name change of operator | | | | |
| Change in Ownership | Casinghead Gas | | ondensate | | |
| Change name of operator from Sims Oil Company, Inc. If change of ownership give name to Kimbell Oil Company of Texas - effective 10/1/84 | | | | | |
| II. DESCRIPTION OF WELL AND | LEASE | | | | |
| Lease Name | Well No. Pool Name, | | | | |
| Salazar Federal | 1 S. Bla | anco P.C | State, Federal or Fee Fed. SF-080136 | | |
| Location | | | | | |
| Unit letter J 1450 | Feet From The S | f Line | ne and 1450 Feet From The E | | |
| Line of Section 22 Towns | O # 37 | Bange | 6W Rio Arriba County | | |
| None Name of Authorized Transporter of Casin El Paso Natural Gas C | | Gas 🔀 | Box 1492, El Paso, Texas 79978 | | |
| | Unit Sec. Twp. | Rge. | Is gas actually connected?) When | | |
| If well produces oil or liquids, give location of tanks. | 1 | | Yes | | |
| If this production is commingled with | that from any other lea | se or pool, q | give commingling order number: | | |
| NOTE: Complete Parts IV and V | on reverse side if nece | essary. | | | |
| VI. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION DIVISION | | | |
| Control of the City Control of the City Control of the City Control of Contro | | APPROVED 0CT-23 1984. 19 | | | |
| 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. | | | | | |
| | | BY | | | |
| | | SUPERVISOR DISTRICT # 3 | | | |
| | | TITLE | | | |
| | | This form is to be filed in compliance with RULE 1104. | | | |
| (Signature) | | 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 | | | |
| E. A. Clement, Agent | | tests taken on the well in accordance with AULE 111. | | | |
| · · · · · · · · · · · (Title) | | All sections of this form must be filled out completely for allow able on new and recompleted wells. | | | |
| 10/15/84 (Date) | | 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. | | | |