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	U.S.G.S.		-	٦ ,	HTHODE	7 4 7101	
	LAND OFFICE		†	-	AUTHORIZATION T		
		OIL	i				
	IRANSPORTER	GAS	1				
	OPERATOR		,				
I.	PRORATION OF	FICE	'	-			
	Operator			_ '			
	Estate	of I	Kay Ki	mbell			
	Address						_
	P.O. F	lox 10)97, F	arming	ton, N	ev Mex	1
	Reason(s) for filing						
	New Well			Ch	ange in Tra	nsporter o	of:
	Recompletion			Oil			
	Change in Ownership			Ca	singhead G	as 🔲	
II.	DESCRIPTION O	F WEL	L AND				
II.	DESCRIPTION O Lease Name Warren-Fede		L AND	Le	ease No.	Well No	
II.	Lease Name			0 7 9		4	
II.	Warren-Fede		; 79	0 7 9	139-A	4 Nor	
	Lease Name Warren-Fede Location Unit Letter Line of Section DESIGNATION O	35 F TRA	; 79 To	O Fe	139-A et From Th 25N OIL AN	4 Nor	Ra
	Lease Name Warren-Fede Location Unit Letter A	35 F TRA	; 79 To	O Fe	139-A et From Th 25N OIL AN	4 Nor	Ra
	Lease Name Warren-Fede Location Unit Letter A Line of Section DESIGNATION OF Name of Authorized The Section Pipe	35 F TRA	To	O Fewnship	eet From Th 25N OIL AN or Conde	4 Nor	Ra
	Lease Name Warren-Fede Location Unit Letter Line of Section DESIGNATION OF Name of Authorized	35 F TRA	; 79 To NSPOR ter of CI	O Fewnship TER OF	eet From Th 25N OIL AN or Conde	4 Nor	Ra
	Lease Name Warren-Fede Location Unit Letter Line of Section DESIGNATION OF Name of Authorized	35 F TRA	; 79 To NSPOR ter of CI	O Fewnship TER OF	eet From Th 25N OIL AN or Conde	A Nor F	Ra
	Lease Name Warren-Fede Location Unit Letter A Line of Section DESIGNATION OF Name of Authorized The Section Pipe	35 F TRA	To NSPOR ter of Oil ter of Ca	O Fewnship TER OF	eet From Th 25N OIL AN or Conde	A Nor F	Ra
	Lease Name Warren-Fede Location Unit Letter Line of Section DESIGNATION OF Name of Authorized Rain Pipe Name of Authorized El Paso Natu	35 F TRA Transpor Line Transpor	To NSPOR ter of Oil ter of Ca	O Fewnship TER OF	eet From The 25N OIL ANI or Conden	F NATU	Rans
III.	Lease Name Warren-Fede Location Unit Letter Line of Section DESIGNATION OF Name of Authorized Basin Pips Name of Authorized Fl Paso Natural If well produces oil of give location of tank If this production is	35 F TRA Transpor Line Transpor ural G or liquids s.	To NSPOR ter of CI ter of Ca ter of Ca as Co	O Fewnship TER OF singhead of	eet From The 25N OIL AN or Conder	P NATURE OF Dry Go	Rans
III.	Lease Name Warren-Fede Location Unit Letter Line of Section DESIGNATION OF Name of Authorized Rasin Pipe Name of Authorized Fl Paso Natural If well produces oil of give location of tank	35 F TRA Transpor Line Transpor ural Gor liquids s. commir	To NSPOR ter of Oli Inc. ter of Ca as Co s, ngled wi	O Fe winship TER OF singhead of the that fr	eet From The 25N OIL AN or Conder	D NATU	Rans
III.	Lease Name Warren-Fede Location Unit Letter Line of Section DESIGNATION OF Name of Authorized Rasin Pipe Name of Authorized Fi Paso Natural If well produces oil of give location of tank If this production is COMPLETION DA	35 F TRA Transpor Line Transpor ural Gor liquids s. commir	To NSPOR ter of Oli Inc. ter of Ca as Co s, ngled wi	O Fe winship TER OF Singhead of the that from - (X)	eet From The 25N OIL ANI or Conder Sec. Sec. 35 om any ott	D NATU	Rans

CO OIL CONSERVATION COMMISSION

	FILE /	REQUE	SI FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65					
	U.S.G.S.	AUTHORIZATION TO T	AND						
	LAND OFFICE	AUTHURIZATION TO I	RANSPORT OIL AND NATUR	AL GAS					
	IRANSPORTER OIL /								
1	OPERATOR / PRORATION OFFICE								
1.	Operator								
	Estate of Kay Kimbell Address								
	P.O. Box 1097, Farmington, New Mexico 87401								
	Reason(s) for filing (Check proper b	ox)	Other (Please explain)						
	New Well	Change in Transporter of:	Change well Number from No.1-35 to						
	Recompletion	Oil Dry	Gas No.4	Transpor II can into (-5) to					
	Change in Ownership	Casinghead Gas Con	densate						
	If change of ownership give name and address of previous owner								
II.	DESCRIPTION OF WELL AND	DESCRIPTION OF WELL AND LEASE Lease Name							
	Warren-Federal	_	ero-Gallup	Kind of Lease State, Federal or Fee Fed					
	Location Unit Letter A ; 7	90 Feet From The North	dov	19 4					
				from The East 10 Arriba County					
III.				County					
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be sent)								
	Basin Pipe Line Inc. Name of Authorized Transporter of C	Casinghead Gas 😱 or Dry Gas 🧻	236 Petroleum Plasa Address (Give address to which a	Bldg. Farmington, N.M. approved copy of this form is to be sent)					
	El Paso Natural Gas C		Box 990 Fermingtonk	·					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When					
		A 35 25 6	yes						
IV.	COMPLETION DATA	vith that from any other lease or poo		-					
	Designate Type of Complet	$\operatorname{Approx} = \operatorname{Approx} $	New Well Workover Deepe	n Plug Back Same Restv. Diff. Restv.					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Perforations			Depth Casing Shoe					
				Depth Casing Snoe					
			ND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
			<u> </u>						
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)								
İ	Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)					
				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
	Length of Test	Tubing Pressure	Casing Pressure	Chole Size					
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	OCT 20 1965					
				OIL CON. COM./					
	GAS WELL								
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure	G-t-						
	restring Mothod (prior, back pri)	Tubing Pleasure	Casing Pressure	Choke Size					
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL CONSER	RVATION COMMISSION					
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED OCT 2 0 1965, 19, 19, 19, 19						
		with and that the information given ne best of my knowledge and belief							
			TITLE Supervisor Dist. # 8						
	<u>.</u>		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened						
	Original Signed By John								
	(Sig Supt.	nature)	well, this form must be acco tests taken on the well in a	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
•		itle)	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,						
	10-18-65								
	(L	Date)		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.						