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| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | 1 | |
| OPERATOR | | 4 | |
| PRORATION OFFICE | | | |

NEW MEXICO OIL CONSERVATION COMMISSION
# REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
*Supersedes Old C-104 and C-110*
Effective 1-1-65

**I.**

Operator: KIMBELL OIL COMPANY

Address: P.O. BOX 1097 FARMINGTON, NEW MEXICO

Reason(s) for filing *(Check proper box)*
- New Well ☐
- Recompletion ☐
- Change in Ownership XX
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

Other *(Please explain)*

If change of ownership give name and address of previous owner: Change name of operator from Kimbell Inc. to Kimbell Oil Co. Effective Date 2-1-73

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease (State, Federal or Fee) | Lease No. |
|---|---|---|---|---|
| Liberman | 4 | Ballard P.C. | Fed. | 011639 |

Location: Unit Letter N ; 790 Feet From The S Line and 1850 Feet From The W

Line of Section 5 Township 25 Range 7 , NMPM, Rio Arriba County

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ — Address *(Give address to which approved copy of this form is to be sent)*

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ — Address *(Give address to which approved copy of this form is to be sent)*: El Paso Natural Gas Company — Box 990 Farmington, New Mexico

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | | | | | yes | |

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

## V. COMPLETION DATA

| Designate Type of Completion – (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| 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 |
| | | | |

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## 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 allowable for this depth or be for full 24 hours)*

### OIL WELL

| Date First New Oil Run To Tanks | Date of Test | Producing Method *(Flow, pump, gas lift, etc.)* | Choke Size |
|---|---|---|---|
| | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| | | | |

RECEIVED
MAR 27 1973
OIL CON. COM.
DIST. 3

### GAS WELL

| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| | | | |
| Testing Method *(pitot, back pr.)* | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | |

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original Signed By John Carothers
*(Signature)*

Supt.
*(Title)*

3-27-73
*(Date)*

OIL CONSERVATION COMMISSION

APPROVED MAR 27 1973, 19____

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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.