NO. OF COPIES RECEIVED		7	
DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.S.			L
LAND OFFICE			
TRANSPORTER	OIL	1	<u> </u>
	GAS	1	
OPERATOR		3	
PRORATION OFFICE			<u> </u>

3-27-73 (Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

FILE /			Effective 1-1-65
		AND	16
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	AS
LAND OFFICE			
TRANSPORTER OIL /			
OPERATOR 3			
			
PRORATION OFFICE Operator			
KIMBELL OI	L COMPANY		
Address			
	097 FARMINGTON, NEW MEXI	CO	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condens	ate	
	Change name of operator	from Kimbell Inc. to Ki	mbell Ofl Co.
If change of ownership give name and address of previous owner	Effective Date 4-1-73	II OIL TIMOLE LINE OF THE	
* Proceduration of Well AND	FACE		
I. DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	rmation Kind of Leas	
Liberman	1 Basin D	State, Federa	or Fee Fed. 011639
Location			
Unit Letter P : 99	O Feet From The S Line	and 990 Feet From	The E
Unit Letter;;			
Line of Section 5 Tow	mship 25 Range 7	, NMPM, Rio A	rriba County
I. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	3	and some of this form is to be sent)
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	new coht of seed to us so ne goest
Plateau Tne		Box 108 Farmington, New Address (Give address to which appro	Moxico
Plateau Inc. Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro	wed copy of this form is to be com,
El Paso Natural Gas (ompany	Box 990 Farmington, N	ew Mexico
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	ien
give location of tanks.	P 5 25 7	Yes	April 1961
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Restv. Diff. Restv
Designate Type of Completic		Idem Mett Housever Feeber	
Designate Type of Completion		Total Denth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Name of Producting 1 officiation	1	
Elevations (DF, RKB, RT, GR, etc.)			
			Depth Casing Shoe
Perforations (Dr, KKB, KI, GK, etc.)			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	Depth Casing Shoe
Perforations ,		CEMENTING RECORD	Depth Casing Shoe SACKS CEMENT
	TUBING, CASING, AND		
Perforations _			
Perforations _			
Perforations _	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Perforations HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Perforations HOLE SIZE V. TEST DATA AND REQUEST F	CASING & TUBING SIZE	DEPTH SET fter recovery of total volume of load of the post of th	SACKS CEMENT Il and must be sough to proceed top allo
Perforations HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT Il and must be sough to proceed top allo
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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.