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Ī	U.S.G.S.			
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	TRANSPORTER	OIL		
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ı.	PRORATION OFFICE			
1	Operator			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supercodes Old C-104 and C-110

-	SANTA FE /	REQUEST F	OR ALLOWABLE	Effective 1-1-65					
-	FILE								
-	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
ŀ	LAND OFFICE	 							
	TRANSPORTER OIL	_							
-	GAS /								
-	OPERATOR 4								
I.	PRORATION OFFICE								
Coperator KIMBELL OIL COMPANY									
	Address								
		P.O. BOX 1097 FARMINGTON, NEW MEXICO							
			Other (Please explain)						
	Reason(s) for filing (Check proper box) New Well Change in Transporter of:								
	Recompletion	Oil Dry Gas							
	Change in Ownership	Casinghead Gas Condens	sate 🔲						
1		Change name of averates	Company Visit and Transfer Visit	1.1.32.012.0					
	If change of ownership give name	Effective Date 4-1-73	from Kimbell Inc. to K	imbell Oil Company.					
	and address of previous owner	222 CO 02 VC 24 CO 12-1-13							
11	DESCRIPTION OF WELL AN	n i fasf							
	Lease Name	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.					
	Liberman	3 Ballard	P.C. State, Federal	or Fee Fed. 011639					
	Location								
	Unit Letter D ;	790 Feet From The N Line	and 1090 Feet From T	the W					
	Unit Letter D ;	Feet Flom the							
	Line of Section 5	Township 25N Range 7	, _{NMPM} , Rio	Arriba County					
II.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S						
	Name of Authorized Transporter of		Address (Give address to which approv	ed copy of this form is to be sent)					
	Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)					
	El Paso Natural Gas	3 Company	Box 990 Farmington, New Mexico						
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n					
	give location of tanks.		yes						
	If this production is commingled	with that from any other lease or pool,	give commingling order number:						
	COMPLETION DATA								
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Comple	etion – (A)	l I						
	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					
				<u> </u>					
			<u> </u>						
V.	TEST DATA AND REQUEST	EST 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 of Test	Producing Method (Flow, pump, gas li	ft. etc. 1 12 1 1					
	Date First New Oil Run To Tanks	Date of Test	Producted Marines (1 seen brush 8mg se						
		The Property of the Property o	Casing Pressure	Choke Size 2 In D					
	Length of Test	Tubing Pressure		1					
		Oil-Bbls.	Water - Bbis.	Gas-MCF 2 7 1973					
	Actual Prod. During Test	U11- D2101		<i> </i>					
				└ ∵ CON. COM. / 					
	CAS WEST			OIST. 3					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	Actual Prod. 1981-MOF/D								
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
	reating Method (photo) each pro-								
		43.00	OIL CONSERVA	ATION COMMISSION					
VI	CERTIFICATE OF COMPLIANCE		1						
		the City Companyation	APPROVED MAR 2 7 1973 . 19						
	Commission have been compli-	and regulations of the Oil Conservation ed with and that the information given	Omining Signer	Original Signed by Emery C. Arnold					
	above is true and complete to	the best of my knowledge and belief.	BY Original Signed by Easely 6. 222010						
	Original Signed B	w John Carathers	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.						
		Signature)							
	Su	pt							
		*(Title)							
	3	-27-73							
		(Date)	Separate Forms C-104 must be filed for each pool in multiply						
			Separate Forms C-104 must be filed for each poor in mestapy completed wells.						
			11 00						

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NEW MEXICO OIL CONSERVATION COMM. SIGH REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Ole (+104 and C-110 Effective 1-1-5)

AUTHORIZATION TO TRANSPORT OIL AND JATURAL GAS

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