

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
**KIMBELL OIL COMPANY OF TEXAS**

Address  
**BOX 1097, FARMINGTON, N. M. 87499**

Reason(s) for filing (Check proper box)

☐ New Well

☐ Recompletion

☐ Change in Ownership

Change in Transporter of:

☐ Oil

☐ Casinghead Gas

☐ Dry Gas

☐ Condensate

Other (Please explain)

**NAME CHANGE OF OPERATOR**

If change of ownership give name  
and address of previous owner

**Change name of operator from Sims Oil Company, Inc.  
to Kimbell Oil Company of Texas - effective 10/1/84**

II. DESCRIPTION OF WELL AND LEASE

|                                      |                        |  |   |                                |
|--------------------------------------|------------------------|--|---|--------------------------------|
| Lease Name<br><b>Federal Comp. A</b> | Well No.<br><b>4</b>   | Pool Name, Including Formation<br><b>Ballard Pictured Cliffs</b> | Kind of Lease<br>State, Federal or Fee<br><b>Fed.</b> | Lease No.<br><b>SF-079139A</b> |
| Location                             |                        |  |   |                                |
| Unit Letter<br><b>M</b>              | <b>907</b>             | Feet From The<br><b>S</b>  | Line and<br><b>792</b>                                | Feet From The<br><b>W</b>      |
| Line of Section<br><b>35</b>         | Township<br><b>25N</b> | Range<br><b>6W</b>   | Rio Arriba<br>County                                  |                                |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |      |      |      |                            |                 |
|--|--|------|------|------|----------------------------|-----------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br><b>None</b>     | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |                 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |                 |
| <b>El Paso Natural Gas Co.</b>   | <b>Box 1492, El Paso, Texas 79978</b>                                    |      |      |      |                            |                 |
| If well produces oil or liquids,<br>give location of tanks.  | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? | When            |
|  |  |      |      |      | <b>Yes</b>                 | <b>12/11/80</b> |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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.

**E. A. Clement, Agent**

(Signature)

(Title)

**10-15-84**

(Date)

OIL CONSERVATION DIVISION

APPROVED

**OCT 23 1984**

BY

**SUPERVISOR DISTRICT # 3**

TITLE

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.