

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

RECEIVED  
OCT 23 1984  
OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>KIMBELL OIL COMPANY OF TEXAS</b>	
Address <b>BOX 1097, FARMINGTON, N. M. 87499</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate 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 <b>Warren Federal</b>	Well No. <b>5</b>	Pool Name, including Formation <b>Ballard Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <b>Fed-</b>	Lease No. <b>SE-Q79139A</b>
Location				
Unit Letter <b>0</b>	<b>1040</b>	Feet From The <b>S</b>	Line and <b>1680</b>	Feet From The <b>E</b>
Line of Section <b>35</b>	Township <b>25N</b>	Range <b>6W</b>	NMPM, <b>Rio Arriba</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

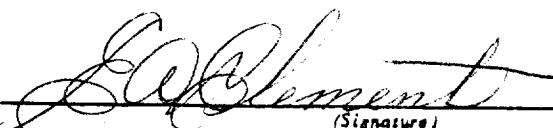
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>None</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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, give location of tanks.	Is gas actually connected? When
	<b>Yes 7/23/81</b>

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

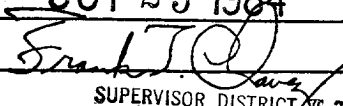
NOTE: Complete Parts IV and V on reverse side if necessary.

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.

  
(Signature)  
**E. A. Clement, Agent**  
(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.