

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RESERVED

JAN 17 1986

OIL CON. DIV.  
DIST. 3REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator KIMBELL OIL COMPANY OF TEXAS	
Address 3000 Texas American Bank Bldg., Fort Worth, TX 76102	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Curtis J. Little, P. O. Box 1258, Farmington, NM 87499

## DESCRIPTION OF WELL AND LEASE

Lease Name SALAZAR	Well No. 3-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, (Federal) or Fee	Lease No. SF-080136
Location Unit Letter <u>O</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1845</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>25N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

## 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)					
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)					
El Paso Natural Gas Company	P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					no	soon

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-24-85	Date Compl. Ready to Prod. 12-6-85	Total Depth 6760'	P.B.T.D. 6716'					
Elevations (DA, RT, GR, etc.) 6351' GR	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6446	Tubing Depth 6550'					
Perforations 6446-6625	Depth Casing Shoe 6759'							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	231' (213CF)	180sx Class B
7-7/8"	4-1/2"	6759' (839CF)	650sx 50-50 poz
		(1736CF)	925sx 65-35 poz
		(77CF)	75sx Class B Circular

## TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL n/a (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)

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

## GAS WELL

Actual Prod. Test-MCF/D 3882	Length of Test 3 hours	Bbls. Condensate/MMCF ----	Gravity of Condensate ----
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (shut-in) 1581 7 day SI	Casing Pressure (shut-in) 1819 7 day SI	Choke Size 3/4"

## 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 above is true and complete to the best of my knowledge and belief.

## OIL CONSERVATION DIVISION

JAN 17 1986

APPROVED

Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT 3

TITLE

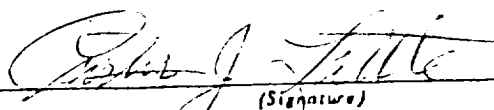
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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



Agent

(Title)

1/16/86

(Date)