

Revised

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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**RECEIVED**  
APR 18 1986  
OIL CON. DIV  
DIST. 3

Operator <b>KIMBELL OIL COMPANY OF TEXAS</b>	
Address <b>BOX 1097, FARMINGTON, NEW MEXICO</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>TO DESIGNATE TRANSPORTER OF CONDENSATE, WHICH WAS LEFT OFF OF ORIGINAL C-104</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>SALAZAR</b>	Well No. <b>3E</b>	Pool Name, Including Formation <b>BASIN DAKOTA</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>	Lease No. <b>SF-080136</b>
Location Unit Letter <b>0</b> ; <b>790</b> Feet From The <b>SOUTH</b> Line and <b>1845</b> Feet From The <b>EAST</b> Line of Section <b>27</b> Township <b>25N</b> Range <b>6W</b> , NMPM, <b>RIO ARriba</b> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>BOX 256, FARMINGTON, N. M. 87499</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>Box 1492, EL PASO, TEXAS 79978</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>0</b> Sec. <b>27</b> Twp. <b>25N</b> Rge. <b>6W</b>	Is gas actually connected? <b>YES</b> When <b>4-14-86</b>

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

V. COMPLETION DATA

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

TUBING, CASING, AND CEMENTING RECORD

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 <b>382</b>	Length of Test <b>3 hours</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <b>Back pressure</b>	Tubing Pressure (shut-in) <b>1581 psi 7 da. S.I.</b>	Casing Pressure (shut-in) <b>1819 7 day S.I.</b>	Choke Size <b>3/4"</b>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
**E. A. Clement, Agent**  
(Title)  
**4-15-86**  
(Date)

OIL CONSERVATION COMMISSION

**APR 18 1986**  
APPROVED \_\_\_\_\_  
BY \_\_\_\_\_ Original Signed by **FRANK T. CHAVEZ**  
TITLE \_\_\_\_\_ SUPERVISOR DISTRICT **3**

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.

Curtis Little filed this  
C-104 to change operator  
to Kimbell Oil Co.  
He failed to designate  
the oil transporter

Attached are copies  
of (amended) C-104 to  
designate the oil  
transporter.

---