-				, .			•					
1	NO. OF COPIES RECEIVED	15										
	DISTRIBUTION	<u> </u>	l	NEW MEXICO OIL C		ION COMMIS	SION		C 104			
	SANTA FE	1		REQUEST			31014		Form C=104 Supersedes Old (C-104 and C-11		
	FILE	1		KEGOEST	AND	JUVDEE			Effective 1-1-65			
1	· .s.			AUTHORIZATION TO TRA		OII AND NA	THRAI G	ΔS		•		
1	LAND OFFICE			AUTHORIZATION TO TRA	1101 0101	31L A110 117	TI OKAL O	~~				
	TRANSPORTER GAS	1			•							
ł	OPERATOR	1,		1						•		
1.	PRORATION OFFICE	 -/		1								
•	Operator Kim	bar	k O	perating Co.								
Ì	Address											
l	288 Clayton Suite 201 Denver, Colo.											
Ī	Reason(s) for filing (Check proper box) Other (Please explain)											
	New Well			Change in Transporter of:								
l	Recompletion Opr			Oil Dry Ga		Change	in Opera	tor.				
- 1	Change in Ownership A			Casinghead Gas Conden	sate							
	If change of ownership giv and address of previous ov		ne	Kimbark Exploration C	o. 201 t	Jniversit	y Blvd.	Denver	, Colo.			
					•							
II.	DESCRIPTION OF WEL	LL A	ND_	Lease No. Well No. Pool Nar	ne. Including	Formation		Kind of I	Lease			
ĺ								State Federal or Fee				
	Storey .			SF 078051 1 Bla	nco M. V	<u> </u>				Federal		
	Unit Letter 2; 1550 Feet From The South Line and 1025 Feet From The West											
	Line of Section 34		Tov	wnship 32N Range 1	1.W	, NMPM,	San	Juan		County		
					~							
11.	DESIGNATION OF TRA	INSP	ORT	rer of oil and natural ga	Address (G	ive address to	which approv	ed copy o	f this form is to	be sent)		
	Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Dallas, Texas											
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)											
	Southern Uni				Fide	Fidelity Union Tower Dallas, Texas						
				Unit Sec. Twp. Rge.	<u> </u>	ally connected						
	If well produces oil or liquids, give location of tanks. yes 1950's											
	If this production is commi	ingle	d wi	th that from any other lease or pool,	give commi	ngling order	number:					
· • .				Oil Well Gas Well	New Well	Workover	Deepen	Plug Ba	Back Same Res'v. Diff, Res'v.			
	Designate Type of C	Comp	letic	on = (X)	<u> </u>	1	! !					
	Date Spudded			Date Compl. Ready to Prod.	Total Dept	h		P.B.T.D).			
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
	Perforations						Depth C	Depth Casing Shoe				
				DEPTH SET			SACKS CEMENT					
	HOLE SIZE			CASING & TUBING SIZE		DEFIRSE	·	+	SACKS CEMI			
					 							
					<u> </u>			1				
		_										
v.		TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or except top allowable for this depth or be for full 24 hours)										
	OIL WELL Date First New Oil Run To	Tank	9	Date of Test Producing Method (Flow, pump				gas lift, etc.) RLULIVED				
,	Length of Test			Tubing Pressure	Casing Pressure			Choke S	# U. (.	1 1967		
	Actual Prod. During Test		-	Oil-Bbis.	Water - Bbl	8.		Gas - MC	DIE	1967 PN. COM.		
				<u></u>								

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

GAS WELL

Actual Prod. Test-MCF/D

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.

Length of Test

Tubing Pressure

whe e	whichle	•.
	(Signature)	
Preside	nt	
Nov 27	(Title)	

(Date)

Choke Size

Gravity of Condensate

By Original Signed by Emery C. Arnold

Bbis. Condensate/MMCF

Casing Pressure

TITLE SUPERVISOR DIST. #5

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.