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SANTA FE			
FILE	2	لمري	
U.S.G.S.		' i	
LAND OFFICE			
TRANSPORTER	OIL		
TRANSFORFER	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C -104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes O Effective 1-1-	ld C-104 and C-110
FILE	1	AND		
U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NAT	URAL GAS	
OIL				
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE				
Operator KIMBARK E	XPLORATION COMPANY			
Address				
201 Unive	RSITY BLVD., DENVER, COL			
Reason(s) for filing (Check proper box		Other (Please exp	lain)	
New Well	Change in Transporter of:			
Recompletion Change in Ownership	Oil Dry Gr Casinghead Gas Conde			
If change of ownership give name and address of previous owner	GAS PRODUCERS CORPORATIO	N, 2300 FIRST NATI	ONAL BANK BLDG., DAL	LAS, IEXAS
and address of previous owner				
. DESCRIPTION OF WELL AND	LEASE Well No. Bool No.	tme, Including Formation	Kind of Lease	
Horton		NCO-MESAVERDE	State, Federal or Fed	FEDERAL
Location				
Unit Letter	N Feet From The Lin	ne andF	eet From The	
13	32N I	2W	SAN JUAN	G t
Line of Section To	ownship Range	, NMPM,		County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to w	hich approved copy of this form is	to be sent)
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Address (Give address to win	hich approved copy of this form is	s to be sent)
EL FASO NATURAL GAS		Is gas actually connected?	When	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	YES	, when	
		· · · · · · · · · · · · · · · · · · ·	mhor.	
If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool,	give comminging order na		
	ion — (X) Cil Well Gas Well X	New Well Workover I	Deepen Plug Back Same F	es'v. Diff. Res'v.
Designate Type of Complet			P.B.T.D.	
Date Spudded JULY 19, 1954	Date Compl. Ready to Prod. August 18, 1954	Total Depth 5502	F.B.1.0,	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
BLANCO	MESAVERDE			
Perforations			Depth Casing Shoe	
		DEPTH SET	SACKS C	EMENT
13 7/8	CASING & TUBING SIZE	210	150	
8 3/4	7"	4792	250	
6 1/4 to T.D.				
.,,				
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume	of load oil and must be equal to a	r exceed top allow:
OIL WELL	able for this c	Producing Method (Flow, producing Method (Flow, producing Method (Flow), producing Method (Flow)	- Commence of the Commence of	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pr	imp, gas tijt, etc.)	IEN!
	Tubing Pressure	Casing Pressure	Choke Sike	Y =
Length of Test	I uping Piessare		130	.oce
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCFJAN 1	1300
			4	M. CC M.
			\ \(\chi_{10} \	7.3
GAS WELL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Wale Candangata Att CT	Gravity of Condens	Harrison .
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Contains	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
1 coming method (parot, out pri)				
I. CERTIFICATE OF COMPLIA	NCE	OIL CO	NSERVATION COMMISSI	ON
I. CERTIFICATE OF COMPLIANCE		IAN 1 1 1000		
I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED	JAN 1 1 1966	_, 19
Commission have been complied	with and that the information given the best of my knowledge and belief	By Original S	igned Emery C. Arr	(AAROA
above is true and complete to t	he best of my knowledge and belief	• 11 D I		

arhuble

W. K. ARBUCKLE, PRESIDENT

JANUARY 10, 1966

(Title)

(Date)

Supervisor Dist. # 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 Sections I, II, III, and VI only 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.