NO. OF COPIES RECEIVED			.8		
DISTRIBUTION					
SANTA FE					
FILE	17				
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
INAMSFORTER	GAS	1)			
OPERATOR					
PRORATION OFFICE					

	DISTRIBUTION SANTA FE	1			NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			
	FILE		_			Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL O					AS	
ı	LAND OFFICE	-+						
	TRANSPORTER GAS	-	-					
		5	$\dashv$					
1.	PRORATION OFFICE	7						
	Operator			_				
	Kimbark Opera	ati	ng C	Company				
	Address OOO Linealy Toylor Didy 1000 Linealy Ct. Dawney Calant 9020E							
	808 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colorado 80295  Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well	•	·	Change in Transporter of:				
	Recompletion			Oil Dry Gas				
	Change in Ownership			Casinghead Gas Condens	sate			
	If change of ownership give r							
	and address of previous owner						<del></del>	
	DEGODIDATON OF WELL	4 57	D * D	A CIP			•	
11.	DESCRIPTION OF WELL	AN	D LE.	Well No. Pool Name, Including Fo	rmation	Kind of Lease	Lease No.	
	Horton			#8 Blanco PC		State, Federal	or Fee Federal SF078147	
	Location			1,20				
	Unit Letter E;	8	05	Feet From The West Line	and1750	Feet From T	he north	
					2.00			
	Line of Section 13		Townsh	hip 32N Range	12W , NMPM	, San	Juan County	
					_			
II.	DESIGNATION OF TRANS	SPO	RTE	or Condensate	Address (Give address	to which approv	ed copy of this form is to be sent)	
	Name of Admonized Transporte	. 01	O.,	_ or concendence _	1000		, , , , , , , , , , , , , , , , , , , ,	
	Name of Authorized Transporte	r of	Casing	ghead Gas or Dry Gas X	Address (Give address	to which approv	ed copy of this form is to be sent)	
	EPNG				Farmington, New Mexico			
	If well produces oil or liquids,		Ur	Init Sec. Twp. P.ge.	Is gas actually connected? When			
	give location of tanks.		i		no	<u> </u>		
	If this production is comming	rled	with th	that from any other lease or pool, g	give commingling orde	r number:		
	COMPLETION DATA				New Well Workover		Plug Back   Same Resty.   Diff. Resty.	
	Designate Type of Con	nple	tion -	(V)   -	H	Deepen	Plug Buck Sume Nes-V. Diff. Nes-V.	
	Date Spudded			Oate Compl. Ready to Prod.	X Total Depth	<u>'</u>	P.B.T.D.	
	August 8, 1975		1	Aug. 29, 1975	2998 Drlr		2970	
	Elevations (DF, RKB, RT, GR,	etc.		lame of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
	6346 KB		1	Pictured Cliff	2789		2900'	
	Perforations						Depth Casing Shoe	
2789-2801, 2843-73, 2887-90, 2892-95, 2898-290								
				TUBING, CASING, AND				
	HOLE SIZE			CASING & TUBING SIZE	DEPTH \$	ET	SACKS CEMENT	
	12 1/4			8 5/8 24#	137		circ	
	7 7/8			4 1/2 10.5#	2998 2912		circ	
				2 3/8				
<b>T</b> /	TEST DATA AND REQUI	FST	FOR	ALLOWARIE. (Test must be af	ter recovery of total volu	ime of load oil a	ind must be equal to or exceed top allow-	
٧.	OIL WELL	DIJ I	ı Oı	able for this der	oth or be for full 24 hours	•)		
		ate First New Oil Run To Tanks Date of Test			Producing Method (Flow	v, pump, gas lift	etc.)	
	Length of Test		T	Subing Pressure	Casing Pressure		Choke Size	
			-	W. Bhia	Water - Bbls.		Gas - MCF	
	Actual Prod. During Test		0	011 - Bbls.	Water - Barer		-M-	
			i					
	GAS WELL						July Diel.	
	Actual Prod. Test-MCF/D		Le	ength of Test	Bbls. Condensate/MMC	F	Gravity of Condensate	
	2841			after frac				
	Testing Method (pitot, back pr.	.)	T	after frac Tubing Preseure(shut-in)	Casing Pressure (Shut	:-in)	Choke Size	
	Pitot							
/I.	CERTIFICATE OF COMP	LIA	ANCE	E	OIL	CONSERVA	TION COMMISSION	
				APPROVED, 19				
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		Original Signed by A. R. Kendrick					
above is true and complete to the best of my knowledge and belief.				est of my knowledge and belief.	1 91			
(2).			TITLE SUPERVISOR DIST. #3					
Elliott A. Riggs  Agent  (Title)								
				100	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.			
				) <b>/</b>				
				)				
	September 1, 1977	,			Fitt out only Sections I. H. III. and VI for changes of owner,			
	-opocinion 19 1311		(Date)	,	well name or number	er, or transport	er, or other such change of condition.	
<u> </u>					Separate Forms C-104 must be filed for each pool in multiply			