

P O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

Operator

Kimbark Oil & Gas Company

Address

1580 Lincoln St. #700 Denver, CO 80203

Reason(s) for filing (Check proper box)

New Well

Change in Transporter of:

### Recompletion

Cii

Dry Gas

Change in Ownership ☒ (See other)

Casinghead Gas

Condensate

Other (Please explain)

Kimbank Operating Company was absorbed by Kimbank Oil & Gas Company

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

Kimbark Operating Company

1580 Lincoln St. #700 Denver, CO 80203

### DESCRIPTION OF WELL AND LEASE

Lease Name	Horton	Well No.	8	Pool Name, Including Formation	Blanco Pictured Cliffs	Kind of Lease	State, Federal or Free	Federal	Lease No.	SF078147
Location	<div style="display: flex; justify-content: space-between;"> <div>Unit Letter <u>E</u> ; <u>805</u> Feet From The <u>West</u> Line and <u>1750</u> Feet From The <u>North</u></div> <div style="text-align: right;"><u>1760</u></div> </div>									
Line of Section	<u>13</u>	Township	<u>32N</u>	Range	<u>12W</u>	, NMPM,		<u>San Juan</u>	County	

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>						
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					PO 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
					yes	1977

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

### COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.			Total Depth			F.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

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

## GAS HELL

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Blbl. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

**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

APPROVED 22 9 1982, 1982

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

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

All sections of this form must be filled out completely for all  
able on new and recompleted walls.

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 multiple completion.

Manager of Drilling & Production

4/1/82

(Dels)