STATE OF NEW MEXICO TRGY AND MILERALS DEPARTMENT

DISTRIBUTION SANTA FE U.B.G.B. LAND OFFICE TRANSPORTER GAS

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Revised 10-1-78

OPERATOR	AUTHORIZATION TO TREATOR		
Operator			
Kimbark C)il & Gas Company		
Adaress			
1580 Ling	coln St. #700 Denver, CO	80203	
Reason(s) for filing (Check proper box)	,	Other (Please explain)	
New Well	Change in Transporter of:	Kimbark Operati	
Recompletion	OII DTY Gas	absorbed by Kim	bark Oil & Gas Company
Change in Ownership (See oth	ner) Casinghead Gas Conden	sate	
		1580 Tippola St. /	700 Denver, CO 80203
f change of ownership give name and address of previous owner	Kimbark Operating Compan	IV 1900 Efficient Se. 4	700 Deliver, 60 60205
DESCRIPTION OF WELL AND	LEASE		
Leose Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	87-III/8#4/A
Horton	10 Blanco-Pictu	red CLiffs State, reserve	Federal SF-0781474
Location		1.00	
Unit Letter H ;	1820Feet From The North Line	e andFeet From	rhe <u>East</u>
13 _	mahin 32N Range	12W , NMPM,	San Juan County
Line of Section Tow	waship JZIN Range		
TO THE ANGEDOR	FED OF OH AND NATURAL GA	S	
Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which appro-	ped copy of this form is to be sent)
Name of Authorized Transports			
Name of Authorized Transporter of Cos	singhead Gas or Dry Gas 🕡	Address (Give address to which appro-	ved copy of this form is to be sent)
El Paso Natural Gas		PO Box 1492 El Paso T	79978
	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	er.
If well produces oil or liquids,		Yes	12/14/78
give location of tanks.	1	<u>. </u>	•
f this production is commingled wit	th that from any other lease or pool,	give comminging order names.	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Rest
Designate Type of Completion	on = (X)		1 1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top On Gas Pay	
	<u> </u>		Depth Casing Shoe
Periorations			
	TUDING CALING AND	CEMENTING RECORD	
	_	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
		fter recovery of total volume of load oil	and must be sound to or exceed top alle
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 hours	
OIL WELL	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
Date First New Off Run To Tonks	50.00		
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test			·
Date Tout	1011-Bbls.	Water-Bbls.	Gas-MCF
Actual Prod. During Test			
		• • • • • • • • • • • • • • • • • • • •	
GAS WELL Actual Prod. Toni-MCF/D	Length of Test	Ebis. Condensote/MMCF	Gravity of Condensate
Actual Prod. 1481-MCF/D			
Testing Method (pirot, back pr.)	Tubing Pressure (Shat-in)	Cosing Pressure (Shut-in)	Choke Sixe
lesting Weinod [phiot. Data pro-			
	C.F.	OIL CONSERVA	TION DIVISION
CERTIFICATE OF COMPLIAN	L E		****
	to the Oil Conservation	APPROVED ADD 1	19(0)2
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given		()riginal Signed by FRANK T. CHAVEZ	
bove is true and complete to the	best of my knowledge and belief.	BY	
		TITLE	
-		E1	compliance with RULE 1104,
3.6		1	wable for a newly drilled or deepes
Marsen		II	wable for a newly drilled or deepen inled by a tabulation of the deviati
(Silvoine)		Il taken on the well in acco	TOTALE WITH HOLE 1111
Manager of Drillin	g & Production	All angulous of this form my	ist be filled out completely for allo
(Ti	tle)	able on new and recompleted w	#11#.

Fill out only Sections I, II, III, and VI for changes of owns well name or number, or transporter, or other such change of condities

Segarate Forms C-104 must be filed for each pool in multip

(Dose)

4/1/82