NO. OF CUPIES REC	160	10	
DISTRIBUTE	1	[
SANTA FE	7		
FILE	17		
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	<u> </u>	
THANS ON EN	GAS		
OPERATOR	3		
PRORATION OF			

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE		 /		REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Ellective 1-1-65	
U.S.G.S.		 		AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL	* * **	
LAND OFFICE				ASTRONIZATION TO TRA	THE AND HATORAL	GAS	
TRANSPORTER	OIL	 , , 					
OPERATOR	GAS	1/2					
PRORATION OF	FICE		ļ		,	API 30-045-23395	
Operator			•				
Address	imbarl	<u> </u>	pera	ating Co.			
	860 1-	ince	าไก	Street, Suite 808, Denv	on Colonado 90205		
Recson(s) for filing					Other (Please explain)		
New Well	\Box			Change in Transporter of:			
Recompletion	\square			Oil Dry Go	F-1		
Change in Ownershi	P			Casinghead Gas Conder	sate []		
If change of owners			ne				
and address of prev	/Ious ow	nei _					
DESCRIPTION O	F WEL	L A	ND I	Well No. Pool Name, Including F	ormation Kind of Leas		
Lease Name	nton				State Feder	al or Fee	
Location	orton				urea Citt	JSF078146A	
Unit Letter	D	. ;	880	Peet From The N Lin	se and 1190' Feet From	TheW	
Line of Section	27		Tow	mship 32N Range	12W , NMPM, San J	uan County	
DESIGNATION O	F TRA	NSP	ORT	TER OF OIL AND NATURAL GA	AS		
Name of Authorized					Address (Give address to which appro	oved copy of this form is to be sent)	
					1		
Name of Authorized					Address (Give address to which approved copy of this form is to be sent)		
El Paso Nati				Unit Sec. Twp. P.ge.	PO Box 1492, El Paso, Is gas actually connected?	TX 79999	
If well produces oil give location of tank		8,		D 27 32N 12W	Yes	12/10/79	
If this production is	s commi	ngled	l with	h that from any other lease or pool,			
COMPLETION D				Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Typ	e of C	ompl	etio		New Well Wolkover Deepen	Plug Buck Sume Nes-V. Diff. Nes-V.	
Date Spudded	· -			Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	16/79			4/17/79	2700'		
Elevations (DF, RKI		-	e•j	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations 25	37' k	<u>B.</u>	257	Pictured Clif	2558'	2539 Depth Casing Shoe	
	585-91		237	U-// ,		2698'	
				TUBING, CASING, AND	CEMENTING RECORD		
HOLE				CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	2 1/4" 7 7/8"			8 5/8" 4 1/2"	202'	150 sxs	
	1/0			4 1/2	2090	590 sxs	
TEST DATA ANI	REQU	J ES T	r FO	RALLOWABLE (Test must be a)	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-	
OIL WELL Date First New Oil I	aun To T	anks		Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)	
						y . #.	
Length of Test				Tubing Pressure	Casing Pressure	Choke Size	
					Water - Bbls.	Gga -MCF	
Actual Prod. During	Test			Oil-Bbls.	wdter - DDIs.	OIL COM. COM.	
						D3T. 2	
GAS WELL							
Actual Prod. Test-1	/CF/D			Length of Test	Bbls. Condensate/MMCF	Gravity of Condonsets	
Testing Method (pito	48			24 hours Tubing Pressure (Shut-in)	NONE Casing Pressure (Shut-in)	Choke Size	
	tot	Jr.,		128"	180#	3/4"	
CERTIFICATE O		PLI	ANC		0	ATION COMMISSION	
CERTIFICATE	r com		ANC				
I hereby certify the	y certify that the rules and regulations of the Oil Conservation ision have been complete with and that the information given been complete with and that the information given Original Secretary 2014 AVEZ			, 19			
			ith and that the information given best of my knowledge and belief.				
					LILL S APPUTY OIL & SAG	0.00 b.000, 665 1. #3	
Kimbark Ope	natin	y n	U.	1. 1 •	TITLE		
A COPE	Zu	K	Ш	m-	If this is a request for allow	compliance with RULE 1104. wable for a newly drilled or despened	
W. K. Arbuckle (Signature)					well, this form must be accompa tests taken on the well in acco	anied by a tabulation of the deviation	
w. K. Arbuckie President				ent		ust be filled out completely for allow-	
(Title)				able on new and recompleted wells.			
12/14/79			(Date	e)	Fill out only Sections I. I well name or number, or transpor	I, III, and VI for changes of owner, ter, or other such change of condition.	
			, , ,	-	u		

DISTRIBUTION

SANTA PE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OPERATOR

PROBATION OFFICE

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Kimbark Oil & Gas Company Address 1580 Lincoln St. #700 Denver, 00 80203 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Kimbark Operating Company was Dry Gas absorbed by Kimbark Oil & Gas Company Condensate Change in Ownership (See other) Casinghead Gas 1580 Lincoln St. #700 Denver, CO 80203 I change of ownership give name Kimbark Operating Company DESCRIPTION OF WELL AND LEASE Leose No. Kind of Lease Well No. | Pool Name, Including Formation Blanco-Pictured Cliffs State, Federal or Fee Federal **\$**F-078146A 11 Horton Location Feet From The North Line and 1190 __ Feet From The ___ West 880 San Juan County , NMPM, 12W Township 32N Range Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas XX El Paso Natural Gas CO PO Box 1492 El Paso, TX 79978 Twp. Rge. Is gas actually connected? If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Res'v. Diff. Res" New Well Plug Back Gas Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc., Depth Casing Shoe Periorations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top alloable for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date First New Oil Run To Tanks Date of Test Shoke Size Cosing Pressure Tubing Pressure Length of Test Gas - MCF Weter - Bble. 011-Выв. Actual Pred. During Test GAS WELL Gravity of Condensate Bbis. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Cosing Pressure (Shut-in) Tubing Pressure (5hat-in) Testing Method (pitol, back pr.) OIL CONSERVATION DIVISION CERTIFICATE OF COMPLIANCE ADD 9 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. Original Signed by FRANK T. CHAVEZ BY_ .. ISOR DISTRICT, ME TITLE __ This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for alloable on new and recompleted wells. Manager of Drilling & Production 4/1/82(Tirle) Fill out only Sections I. II. III, and VI for changes of own-(Doie) Separate Forms C-104 must be filed for each pool in multi;