	NO. OF COPIES RECEIVED					
	DISTRIBUTI	ON			N/E	-14
	SANTA FE		/		INC	. Y1
	FILE		/			
	U.S.G.S.			٨١	THORIZ	7 /
	LAND OFFICE			70	THORIZ	
	TRANSPORTER	OIL	,			
	OPERATOR	<u> </u>				
	PRORATION OF	FICE				
I.	Operator	102	1 1.			_
	E.e.	tete o	f Kay I	(imbel	13	
	Address	Ja . 10 0.			<u></u>	
	P.O. Be	ox 109	7 Farmi	netor	. New	ŀ
	Reason(s) for filing			<u> </u>		
	New Well		, ,	Chai	nge in Tra	115
		Ħ		Cil		
	Recompletion	늗				
	Change ir. Ownerst.i	PL		Cas	inghead G	as
	If change of owners	ship give	name			
II.	and address of prev	vicus own	ner	EASE		
II.	DESCRIPTION O	F WELI	ner	Lec	ise No.	
II.	DESCRIPTION O	F WELI	ner	Lec	ise No. 9139 - A	
II.	DESCRIPTION O	F WELI	ner	Lec		
īI.	DESCRIPTION O	F WELI	L AND L	0 7 9	9139-A	
II.	DESCRIPTION O Lease Name Federal	F WELI	L AND L	079 Fee	9139-A	
II.	DESCRIPTION O Lease Name Federal Location Unit Letter	F WELI	. 790	079 Fee	9139-A	
	DESCRIPTION Of Lease Name Federal Location Unit Letter Line of Section	M M 35	Town	C79	9139-A et From Th	i e
	DESCRIPTION O Lease Name Federal Location Unit Letter	M 35 F TRA	Town	Fee ship	9139-A et From Th 25N OIL AN	D D
	DESCRIPTION O Lease Name Federal Location Unit Letter Line of Section DESIGNATION O Name of Authorized La Mar True	M 35 F TRA: Transport	Town NSPORT	Fee Ship	et From Th 25N OIL AN or Conde	D r.s
	DESCRIPTION O Lease Name Federal Location Unit Letter Line of Section DESIGNATION O Name of Authorized	M 35 F TRA: Transport	Town NSPORT	Fee Ship	et From Th 25N OIL AN or Conde	D D
	DESCRIPTION O Lease Name Federal Location Unit Letter Line of Section DESIGNATION O Name of Authorized La Mar True	M 35 Transport	Town SPORT Ler of Call Ler of Casin Gas Co	Fee ship ER OF	et From Th 25N OIL AN or Conde	D r.s
	DESCRIPTION O Lease Name Federal Location Unit Letter Line of Section DESIGNATION O Name of Authorized La Mar True Name of Authorized	M 35 F TRA: Transport cking, Transport atural	Town NSPORTI Ier of Call [Inc. Ier of Casin	Fee ship	et From Th 25N OIL AN or Conde	D r.s

(Date)

MEXICO OIL CONSERVATION COMMISSION

	SANTA FE /		FOR ALLOWABLE	Supersedes Old C-104 and C-116				
	FILE /		Effective 1-1-65					
	U.S.G.S.	AUTHORIZATION TO TRA	GAS					
	OIL							
	TRANSPORTER GAS							
	OPERATOR							
I.	PRORATION OFFICE							
	Operator The state of the state							
	Estate of Kay Kimbell Address							
	P.O. Box 1097 Farmington, New Mexico 87401							
	Reason(s) for filing (Check proper box) Other (Flease explain)							
	New Well	Change in Transporter of:	Chenge in :#11 !	Number from Federal Unit				
	Recompletion	Cil Dry Ga	Eq. 3-35 to Feder	ral A No.3				
	Change in Ownership	Casinghead Gas Conden	nsate [_]					
	If change of ownership give name							
	and address of previous owner							
II.	DESCRIPTION OF WELL AND I	LEASE						
	Lease Name	Lease No. Well No. Pool Na	me, Including Formation	Kind of Lease				
	Federal A	079139-A 3 Ba	asin Dakota	State, Federal or Fee Fed.				
	Location							
	Unit Letter M ; 790	Peet From The South Lin	e and 790 Feet From	The West				
	Line of Section 35 Tow	nship 25N Range	6V , NMPM, Rio	Arriba County				
	Line of Section 35 Fow	nomp 25% Adams	100	243 2 4 105				
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	is					
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro					
	La Mar Trucking, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas		Box 1528 Farmington, No. Address (Give address to which appro	w Mexico				
		•						
	kl Paso Natural Gas C	Unit Sec. Twp. Rge.	Box 990 Farmington, New Is gas actually connected?	mexico nen				
	If well produces oil or liquids, give location of tanks.	M 35 25N 6W	yes	4-23-63				
	If this production is commingled wit		<u>i </u>					
IV.	COMPLETION DATA	n that from any other lease or poor,	give combininging order number.					
	Designate Type of Completio	Oil Weil Gas Well	New Weil Workover Deepen	Plug Back Same Restv. Diff. Restv.				
			+	P.B.T.D.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	(21, 111B), K1, GR, ELL.)	,						
	Perforations			Depth Casing Shoe				
		Γ''' ''' ''' ''' ''' ''' ''' ''' '''	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
		:		ì				
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow							
• •	OIL WELL	able for this de	pth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	"" "Otl.TIVIN				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Length of Feat	1 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OCT 2.0 1965				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF				
				OIL CON. COM.				
				DIST. 3				
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	BBIs. Condensate/MMCF	Gravity or Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
VI	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION					
٧1.	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED 0CT 2 0 1965 , 19					
	Commission have been complied wabove is true and complete to the	ith and that the information given	BY Original Signed Emery C. Arnald					
	above is title and complete to the	best of my knowledge and belief						
			TITLE Supervisor Dist. # 3					
	Original Signed By John Carathers		This form is to be filed in compliance with RULE 1104.					
			If this is a request for allowable for a newly drilled or deepened					
	(Signature)		tests taken on the well in acco	ordance with RULE 111.				
	Supt. (Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.					
	10-18-65		able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,					
				tter or other such change of condition.				

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 multiply completed wells.