NERGY AND MINERALS DEPARTMENT

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DISTRIBUTIO	H		
BANTA FE			
FILE			
U.1.G.8.			L.
LAND OFFICE		!	_
TRANSPORTER	OIL	<u> </u>	L
	GAS		_
OPERATOR		<u> </u>	<u> </u>
BECKATION OF	I KC III	ı	l

!II.

IV.

OIL CONSERVATION DIVISION

P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

FOR ALLOWARIE

REQUEST FOR ALLOWABLE	
AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL	GAS

	OPERATOR PROPATION OFFICE						
3.							
Kimbark Oil & Gas Company Address 1580 Lincoln Street, #700, Denver, CO 80203							
	Reason(s) for filing (Check proper bax)	Com Street, 4700, Benve	Other (Pleas	e explain)			
	New Well	Change in Transporter of:		•			
	Recompletion	CII A Dry Gas Casinghead Gas Condens	Change May	of Transpo 1, 1984	orter effective	!	
	Change in Ownership	Custiffied Cas					
	If change of ownership give name and address of previous owner						
	DESCRIPTION OF WELL AND I	EASE		Kind of Lease		Legse No.	
	Lease Name M. F. Walker	Well No. Pool Name, Including Fo 1 Devonian, S.W.	Gladiola	State, Federal	г		
	Location						
	Unit Letter;	Feet From The East Line	e and 660	Feet From 3	South_		
	Line of Section 27 Tow	nship 12S Range 3	37E , NMP	м,	Lea	County	
T.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S	to which approx	ved copy of this form is:	to be sent)	
	Name of Authorized Transporter of Oil The Permian Corporat:	A of Condensary	P. O. Box 3119	. Midland	TX 79701	Whiteside	
	Name of Authorized Transporter of Cas		Address (Give address	to which approx	ped copy of this form is	to be sent)	
			Is gas actually connec	ned? Who	en .		
	If well produces oil or liquids, give location of tanks.	Unit Sec. 1 wp. Rge. 0 27 12S 37E		 			
	If this production is commingled wit	h that from any other lease or pool,	give commingling ord	er number:		·	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover		Plug Back Same Re	s'v. Diff. Res	
	Designate Type of Completio		Total Depth		P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depti.				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	Ferforations				Depth Casing Shoe		
	Pe:1010.10113		SEVENTING PECO	IRD			
		TUBING, CASING, AND	DEPTH		SACKS CE	MENT	
	HOLE SIZE						
v	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fier recovery of total vo	ir a j		excess top atto	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (FI	ow, pump, gas l	ift, etc.)		
		Tubing Pressure	Casing Pressure		Choke Size		
	Length of Test		D.L.		Gae-MCF		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.				
	GAS WELL		Bbls. Condensate/MN	ACF	Gravity of Condensat	10	
	Actual Prod. Teet-MCF/D	Length of Test					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (5b	ut-in)	Choke Size		
			OIL CONSERVATION DIVISION				
VI	. CERTIFICATE OF COMPLIAN		MAY 1	1984	. 19		
	hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given		ORIGINAL SIGNED BY JEARY SEXTON				
	Division have been complled with above is true and complete to the	BYORIG	DISTRICT I SUPERVISOR				
		TITLE This form is to be filed in compliance with RULE 1104.					
					In Inn a maniful firt	llied or despen	
	Carphysen	ature)	well, this form m	ust be accomp	anied by a tabulation ordance with RULE 1	of the deviati	
	12.3	•	Il fests taxed on th		. to dillad aut com	sterety for allo	

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

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

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

(Title)

(Dose)

Operations Manager

April 16, 1984