

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Kimbark Oil & Gas Company

Address  
Two First City Center Suite 665, Midland, Texas 79701

Reason(s) for filing (Check proper box)  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership  
 Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
 Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name M. F. Walker	Well No. 2	Pool Name, including Formation Wildcat	Kind of Lease State, Federal or Fee	Lease No. -0-
Location Unit Letter <u>J</u> : <u>2000</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>12-S</u> Range <u>37-E</u> , NMPM, Lea Co., New Mexico County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

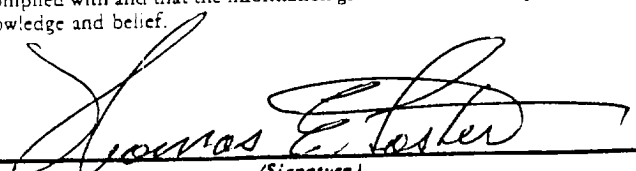
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119 Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1689, Lovington, New Mexico 88260
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When J 27 12-S 37-E No 9-15-84

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

  
(Signature)  
District Superintendent  
(Title)  
August 8, 1984  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR - 4 1985, 19  
ORIGINAL SIGNED BY JERRY SEXTON  
BY DISTRICT SUPERVISOR  
TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
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.

#### IV. COMPLETION DATA

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 4-25-84		Date Compl. Ready to Prod. 7-29-84		Total Depth 12,547'			P.B.T.D. 12,129'		
Elevations (DF, RKB, RT, GR, etc.) 3891		Name of Producing Formation Upper Miss		Top Oil/Gas Pay 12,032			Tubing Depth 11,895		
Perforations 12,032 - 12,050 Upper Miss							Depth Casing Shoe 12,547		

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	355	550
11"	8-5/8"	4500	1200
7-7/8"	5-1/2"	12547	1200

#### 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks -0-	Date of Test -0-	Producing Method (Flow, pump, gas lift, etc.) -0-	
Length of Test -0-	Tubing Pressure -0-	Casing Pressure -0-	Choke Size -0-
Actual Prod. During Test -0-	Oil - Bbls. -0-	Water - Bbls. -0-	Gas - MCF -0-

#### GAS WELL

Actual Prod. Test - MCF/D 2,700	Length of Test 72 hrs	Bbls. Condensate/MMCF 5	Gravity of Condensate 61°
Testing Method (pilot, back pr.) 4 pt Test	Tubing Pressure (shut-in) 2952	Casing Pressure (shut-in) Pkr (900# back press)	Choke Size 14/64"