STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAMO OFFICE			
OIL.			
GAS			
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		OIL.	

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	STORT OIL AND NATURAL GAS					
Operator						
Kirby Exploration Company / John	·					
P. U. Box 1/45 Houston, Texas 77251 Reason(s) for filing (Check proper box)	Other (Please explain)					
New Well Change in Transporter of:	Office (1 fedge explain)					
Recompletion Oil D	Ory Gas					
X Change in Ownership Casinghead Gas C	Condensate					
Change of ownership give name	D. A. D					
nd address of previous owner Petro-Lewis Corporation	P. O. Box 2250 Denver, Colorado 80201					
I. DESCRIPTION OF WELL AND LEASE						
Lease Name Weil No. Pool Name, Including F						
Media Entrada Unit 6 Media Entrada	State, Federal or Fee Federal NM-043286A					
Location Courth	330					
Unit Letter P : 940 Feet From The South Lin	ne and 330 Feet From The East					
Line of Section 15 Township 19N Range	3W , NMPM, Sandoval County					
H. DECLOSA COMPANY						
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	L GAS					
Permain Corporation Permise (Eff. 9 / 1 /87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, Texas 77001					
Name of Authorized Transporter of Casingnedd Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
I well produces oil or liquids, Unit Sec. Twp. Rgs.	DEC 1 71984					
						
this production is commingled with that from any other lease or pool,	give commingling order number:					
OTE: Complete Parts IV and V on reverse side if necessary.	DIST. 3					
I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION					
	DEC + ≈ 100/					
nereby certify that the rules and regulations of the Oil Conservation Division have en complied with and that the information given is true and complete to the best of	APPROVED ULU 1, 19 304					
y knowledge and belief.	BY					
	TITLE SUPERVISOR DISTRICT # 3					
Video						
Wanse	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)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.					
Production Supervisor (Title)	All sections of this form must be filled out completely for allow-					
12-1-84	able on new and recompleted wells.					
(Date)	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.					
1	Separate Forms C-104 must be filed for each pool in multiply completed wells.					

IV. COMPLETION DATA	•									
Designate Type of Complete	ion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Resty.	
Date Spudded	Date Compl	. Ready to P	rod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations		" · 					Depth Casing Shoe			
		TUBING,	CASING, AN	D CEMENT!	NG RECOR					
HOLESIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	<u> </u>									
	 			 						
		· · · · · · · · · · · · · · · · · · ·							···	
V. TEST DATA AND REQUEST OIL WELL	FOR ALLO	WABLE (7	est must be a ble for this de	fter recovery	of socal volum full 24 hours)	e of load oil	and must be e	qual to or exc	ed top allow	
Date First New Cil Run To Tanks	Date of Teat			Producing Method (Flow, pump, gas lift, etc.)					·	
Length of Test	Tubing Pres	sws.		Casing Pressure Ch			Chose Size	Choze Size		
Actual Prod. During Test	OII - Bbis.			Water-Bbls.			Gas-MCF			
GAS WELL				<u> </u>	 		!	· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test-MCF/D	Length of Te	eat		Bbis. Conde	nagte/MMCF		Gravity of C	ondensate		
sating Method (pitot, back pr.) Tubing Pressure (Shut-is)			is)	Casing Pressure (Shut-in) Choke Size						

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C.C.D.