| DISTRIBUTION     |     |       |
|------------------|-----|-------|
| SANTA FE         |     |       |
| FILE             |     |       |
| U.S.G.S.         |     |       |
| LAND OFFICE      |     |       |
| OIL              | I   | l     |
| GAS              | 1   | T     |
| OPERATOR         |     |       |
| PRORATION OFFICE |     |       |
|                  | GAS | GAS / |

August 9, 1977

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|  | DISTRIBUTION SANTA FE  |  | ONSERVATION COMMISSION<br>FOR ALLOWABLE<br>AND   | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 |  |  |
|--|--|--|--|--|--|--|
| }  | U.S.G.S.   | AUTHORIZATION TO TRAI  | NSPORT OIL AND NATURAL (   | GAS  |  |  |
|  | IRANSPORTER OIL  |  |  |  |  |  |
|  | GAS /  |  |  |  |  |  |
| 1.   | PRORATION OFFICE Operator  |  | ·  |  |  |  |
|  | Kirby Exploration Company  |  |  |  |  |  |
|  | Box 1745, Houston, Texas 77001   |  |  |  |  |  |
|  | eason(s) for filing (Check proper box)  ew We!!  Change in Transporter of: |  |  |  |  |  |
|  | Recompletion   | Oil Dry Gas  | 一一   |  |  |  |
|  | Change in Ownership  | Casinghead Gas Condens   |  |  |  |  |
|  | If change of ownership give name<br>and address of previous owner          |  |  |  |  |  |
| II.  | DESCRIPTION OF WELL AND I  | EASE   Well No.   Pool Name, Including Fo                              | rmation Kind of Leas   | Lease No.  |  |  |
|  | Lease Name Frew Federal  | 3 Nipp Pictured  | State Federa   | or Fee Federal NM0560223                                   |  |  |
|  | Location   | 5 Feet From The North Line   | and 1525 Feet From   | The East   |  |  |
|  | Unit Letter B: 109   | D Feet From The <u>NOCULE</u> Line                                     | Can T  |  |  |  |
|  | Line of Section 29 Township 26N Rarge 12W , NMPM, San Juan County          |  |  |  |  |  |
| III.   | DESIGNATION OF TRANSPORT   | CER OF OIL AND NATURAL GA  | S<br>Address (Give address to which appro  | oved copy of this form is to be sent)                      |  |  |
|  | Name of Authorized Transporter of Oil                                      |  | Address (Give address to which appro   |  |  |  |
|  | Name of Authorized Transporter of Cas<br>El Paso Natural Gas               | inghead Gas or Dry Gas X   | Box 990, Farmington,   |  |  |  |
|  | If well produces oil or liquids,   | Unit Sec. Twp. P.ge.   | Is gas actually connected?   | hen  |  |  |
|  | give location of tanks.  If this production is commingled wit              | h sheet from any other lease or pool.                                  | NO NO  |  |  |  |
| IV.  | If this production is commingled with COMPLETION DATA                      |  | New Well Workover Deepen   | Plug Back   Same Res'v. Diff. Res'v.                       |  |  |
|  | Designate Type of Completion   | n - (X)  | X  | P.B.T.D.   |  |  |
|  | Date Spudded 5-6-77  | Date Campl. Ready to Prod. 7-18-77                                     | Total Depth 1295   | 1220   |  |  |
|  | Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation Pictured Cliffs                            | Top Oil/Gas Pay  | Tubing Depth 1022  |  |  |
|  | 6019 GR  | Pictured Cilis   | 1000   | Depth Casing Shoe  |  |  |
|  | 1080-1123  TUBING, CASING, AND CEMENTING RECORD                            |  |  |  |  |  |
|  | HOLE SIZE  | CASING & TUBING SIZE   | DEPTH SET  | 75 sk  |  |  |
|  | 12 1/4   | 8 5/8  | 50<br>1262   | 200 sk   |  |  |
|  | 6 3/4  | 4 1/2  | 1202   |  |  |  |
|  |  | OD ALLOWARIE (Test rust be a   | fter recovery of total volume of load o  | il and must be equal to or exceed top allow-               |  |  |
| V.   | OIL WELL   | OII. WELL  |  |  |  |  |
|  | Date First New Oil Run To Tanks  | Date of Test   |  | Choke Size   |  |  |
|  | Length of Test   | Tubing Pressure  | Casing Pressure  |  |  |  |
|  | Actual Prod. During Test   | Oil-Bbis.  | Water - Bble.  | Gas-MCF  |  |  |
|  |  |  |  |  |  |  |
|  | GAS WELL Actual Prod. Test-MCF/D   | Length of Test   | Bbls. Condensate/MMCF  | Gravity of Condensate                                      |  |  |
|  | 266  | 3 hours  | -0- Casing Pressure (Shut-in)  | Choke Size   |  |  |
|  | Testing Method (pitot, back pr.) Back Pressure                             | Tubing Pressure (Shut-in) 205  | 205  | 3/4  |  |  |
| VI   | . CERTIFICATE OF COMPLIAN  | CE   | OIL CONSER   | VATION COMMISSION  |  |  |
| the sheet the sules and regulations of the Oil Conservations |  |  | APPROVED, 19   |  |  |  |
|  |  | with and that the information given a best of my knowledge and belief. | BY ORIGINAL SIGNED BY M. F. MANWELL, JR.   |  |  |  |
|  |  |  | TITLE  |  |  |  |
|  |  |  |  | be filed in compliance with RULE 1104.                     |  |  |
|  | Jalm (lleyane  | arure)   | If this is a request for silowable 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. |  |  |  |
|  | Agent Alexander  |  | All sections of this form able on new and recompleted  | wast ps iffed out combisiers to: vira.                     |  |  |
|  | tI   | itle)  | ADIE ON HOW AND THE  | as and an for changes of puner                             |  |  |

able on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in multiply concleted wells.