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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

I. Operator
Kirby Exploration Company
Address
P.O. Box 1745, Houston, Texas 77001
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kirby Gallegos	Well No. 2	Pool Name, Including Formation WAW Pictured Cliff	Kind of Lease State, (Federal or Fee) Federal	Lease No. USNM12020
Location Unit Letter M ; 790 Feet From The South Line and 790 Feet From The West Line of Section 26 Township 27N Range 13W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? No	When

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

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 1-6-77	Date Compl. Ready to Prod. 2-1-77	Total Depth 1554'	P.B.T.D. 1484'					
Elevations (DF, RKB, RT, GR, etc.) 6075 GR	Name of Producing Formation Pictured Cliff	Top Oil/Gas Pay 1314	Tubing Depth 1220					
Perforations 1315-1332	Depth Casing Shoe 1528							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2	8 5/8		47'		35			
6 1/2	4 1/2		1528'		200			
	2 3/8		1220'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 274	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Critical Flow Prover	Tubing Pressure (shut-in) 231 psig	Casing Pressure (shut-in) 231 psig	Choke Size .75

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

William T. Jones
(Signature)

Agent
(Title)

3-8-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE PATROL 301 30.3

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 III, IV, V, and VI for changes of owner, lease, or number, and other such change of condition.

For each pool in multiply