

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 37501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator Kirby Exploration Company Of Texas

Address P. O. Box 1745 Houston, Texas 77251

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Reconpletion		<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership		Other (Please explain)	

If change of ownership give name and address of previous owner Petro-Lewis Corporation P. O. Box 2250 Denver, Colorado 80201

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Maxwell</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Gladiola Wolfcamp, South</u>	Kind of Lease State, Federal or Free	Lease No.
Location Unit Letter: <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>	Line of Section <u>6</u>	Township <u>13S</u>	Range <u>38E</u>	County <u>Lea</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Phillips Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>B-2 Phillips Bldg. Odessa, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1589 Tulsa, Oklahoma 74102</u>
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>6</u> Twp. <u>13S</u> Rge. <u>38E</u>	Is gas actually connected? <u>Yes</u> when <u>10-29-65</u>

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.

W. Ramsey  
(Signature)  
Production Supervisor  
(Title)  
12-1-84  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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.