

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

NO. OF EMPLOYEES RECEIVING		
DISTRIBUTION		
WEAVERS		
LBS.		
E.O.B.		
FIND OFFICE		
TRANSPORTER	OIL DAS	
TERMINATION		
LOCATION OFFICE		
RECORD		

Kirby Exploration Company Of Texas

P.O. Box 1745 Houston, Texas 77251

Reason(s) for filing (Check proper box)

is Well	<input type="checkbox"/>	Change in Transporter of:	
completion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain)

Change of ownership give name _____ Petro-Lewis Corporation P.O. Box 2250 Denver, Colorado 80201
Address of previous owner _____

Case Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Phillips Crawford	1	Eumont Yates 7 Rvrs On (Pro Gas)	State, Federal or xxx	

Unit Letter A : 660 Feet From The North Line and 660 Feet From The East

Line of Section 34 Township 20S Range 37E . NMPM. Lea Count

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					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"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas					P.O. Box 1492, El Paso, TX 79978	
well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	

his production is commingled with that from any other lease or pool, give commingling order numbers:

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Is Spudded	Date Compl. Ready to Prod.	Total Depth					P.B.T.D.		
Observations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay					Tubing Depth		
Corrosions							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

(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)

to 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	
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	

Tool Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

reby certify that the rules and regulations of the Oil Conservation
ision have been complied with and that the information given
ve is true and complete to the best of my knowledge and belief.

X. Pandey
(Signature)

Production Supervisor

178102

12-1-84.

OIL CONSERVATION DIVISION

DEC 27 1984

BY _____ ORIGINAL SIGNED BY _____
TITLE _____ DISTRICT SUPERVISOR

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all-
able 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 multi-