## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT --. -- -----Form C-104 DISTRIBUTION Revised 10-01-78 OIL CONSERVATION DIVISION SANTA PE Format 06-01-83 Page 1 FILE P. O. BOX 2028 U.S.G.4. SANTA FE, NEW MEXICO 87501 LAND OFFICE 014 TRANSPORTER CAS I REQUEST FOR ALLOWABLE OPERATOR PROBATION OFFICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Kirby Exploration Company of Texas Address P. O. Box 1745 Houston, Texas 77251 Reason(s) for tiling (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion DTY Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and adaress of previous owner. II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, including Formation Kind of Lease Art Yeager Lease No. Blinebry State, Federal or Fee Location Fee 1980 Unit Latter South Feet From The 1980 Line and East Feet From The 25 Line of Section Townshin 21S Range 37E . NMEM Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cia or Condensate Address (Give address to which approved copy of this form is to be sent) <u> Phillips Petroleum Company - Trucks</u> 4001 Penbrook Name of Authorized Transporter of Casinghead Gas X <u>Odessa, Texas</u> 79762 or Dry Gas Address (Give address to which approved copy of this form is to be sent) Texaco Producing, Inc. P.O. Box 3000 - Tulsa, OK 74102 Unit If well produces oil or liquids, , Sec. Two. Rge. Is gas actually connected? When give location of tanza. J/0 25 215 ; 37E Yes 1970 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 OIL CONSERVATION DIVISION I hereby certury that the rules and regulations of the Oil Conservation Division have FFB 1 0 1986 been compiled with and that the information given is true and complete to the best of APPROVED 10 my knowledge and belief. ONCOME SONED BY JPRAY SEXTON BY DISTRICT I SUPERVISOR TITLE .

(Signature)

<u>Regulatory Supervisor</u> (Title)

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(Date)

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.