STATE OF NEW MEXICO				· ·
ENERGY AND MINERALS DEPARTMEN	า	·		
00. 00 1001100 SECCIVED				Form C-104
DISTRIBUTION SANTA FE	OIL CONSERVATION DIVISION			Revised 10-01-78 Format 06-01-83
PILE	P. O. BOX 2028			Page 1
V.B.G.S.	SANTA FE, N	-	7501	
TRANSPORTER OIL		·		
CAS	RECHEST	OR ALLOWABLE		
PROBATION OFFICE	REGUEST P	AND		
I.	AUTHORIZATION TO TRAN		NATURAL GAS	
Operator				
Kirby Exploration Comp	any of Texas			
P. O. Box 1745 Housto Repson(s) for filing (Check proper box)	on, Texas 77251			
New Well		Other	(Please explain)	
Recompletion	Change in Transporter of:			
Change in Ownership		Dry Gas		•
		Condensate		
If change of ownership give name and address of previous owner				
I. DESCRIPTION OF WELL AND	<u>D_LEASE</u>			-
Lease Name	Well No. Pool Name, Including	Formation	Kind of Lease	Leges N
Royalty Holding	<u>3</u> Drinkard		State, Federal or Fee	Fee
Unit Letter H ; 1980	Feet From The North L	ine and660	Feet From The	East
Line of Section 25 Town	010			
Line of Section 25 Town	nship 21S Range	<u>37E</u> .	NMPM. Lea	Count
II. DESIGNATION OF TRANSPO	DRITER OF OF AND MATTER			
II. DESIGNATION OF TRANSPO Name of Authorized Transporter of Cit (STIER OF OIL AND NATURA	L GAS	dree - to which and	
Phillips Petroleum Com	Andress (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79762 Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casis	ngnead Gas of Dry Gas	Address (Give ad	dress to which approved copy	<u>s 79762</u>
Texaco Producing, Inc.			000 - Tulsa, OK 74	
it wert produces on cr nigulas,	Unit Sec. Twp. Rge.	Is gas actually co	nnected? When	+102
give location of tanks.	<u>B 25 21S</u> 37E		i	
this production is commingled with	that from any other lease or pool.	give commingling	Offict number:	
NOTE: Complete Parts IV and V		• · · · · · · · · · · · · · · · · · · ·		
T. CERTIFICATE OF COMPLIAN	CE		IL CONSERVATION DI	VISION
hereby certify that the rules and regulation	s of the Oil Conservation Division have	APPROVED_	FFD 1 A 100C	
ten complied with and that the information	given is true and complete to the best of	APPROVED_		
y knowledge and belier.		BY0	RICHNIAL SCOMED OF	
			DISTRICT I SUPERVIS	
1 12		TITLE		·····
- Changel MA		This form	is to be filed in complianc	With RULE 1104.
(Signatur	• /	If this is a	request for allowable for a	newly drilled or dean
Regulatory Supervisor		tests taken on	must be accompanied by a the well in accordance wit	tabulation of the deviation have been been been been been been been be
(Tisle)		All section	a of this form must be fille	
1-31-86		able on new an	d recompleted wells.	,

(Date)

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.

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