

OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

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AND OFFICE	
TRANSPORTER	OIL
	GAS
PERATOR	
LOCATION OFFICE	
REGIST	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Kirby Exploration Company Of Texas

Address
P.O. Box 1745 Houston, Texas 77251

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <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"/>
Change of ownership give name and address of previous owner Petro-Lewis Corporation P.O. Box 2250 Denver, Colorado 80201	

DESCRIPTION OF WELL AND LEASE

Well Name Rosa Lee Federal	Well No. 1	Pool Name, including Formation Drinkard	Kind of Lease State Federal or Lease	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>19</u> Township <u>21S</u> Range <u>38E</u> N.M.P.M. Lea County				

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, or location of tanks. Unit <u>F</u> Sec. <u>19</u> Twp. <u>21S</u> Rge. <u>38E</u>	Is gas actually connected? <u>Yes</u> When <u>8/6/69</u>

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

COMPLETION DATA

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
C WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil
able 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
Total Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

IS WELL

Total Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Xc. Lamsie
(Signature)

Production Supervisor

(Title)

12-1-84
(Date)

OIL CONSERVATION DIVISION

APPROVED JERRY SEXTON, 19 1981

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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 deviate 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 recompleted wells.

RECEIVED

DEC 19 1984

O.C.D.
HOBBS OFFICE