

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

TO BE FILLED BY	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-73
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Kirby Exploration Company Of Texas
Address P. O. Box 1745 Houston, Texas 77251
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas
☐ Recompletion ☐ Gashead Gas ☐ Condensate
☒ 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>New Mexico M State</u>	Well No. <u>8</u>	Pool Name, including Formation <u>Langlie Mattix Seven Rivers Queen Greyberg</u>	Kind of Lease State, Federal or Free <u>State</u>	Lease No. <u>B-934</u>
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>22S</u> Range <u>37E</u> <u>N.M.P.M.</u> Lea County				

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>Texas New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510 Midland, Texas 79701</u>
Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Getty Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1404 Houston, Texas 77001</u>
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>29</u> Twp. <u>22S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> when <u>5-28-61</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.

X. Lamsay
(Signature)
Production Supervisor
(Title)
12-1-84
(Date)

OIL CONSERVATION DIVISION

APPROVED 12-1-84, 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.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-934
7. Unit Agreement Name
8. Farm or Lease Name New Mexico State "M"
9. Well No. 8
10. Field and Pool, or Wildcat Langlie Mattix
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator Petro-Lewis Corporation
3. Address of Operator 401 Fort Worth Club Bldg., Fort Worth, Texas 76102
4. Location of Well UNIT LETTER <u>I</u> <u>1956</u> FEET FROM THE <u>S</u> LINE AND <u>660</u> FEET FROM THE <u>E</u> LINE, SECTION <u>18</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3411' KDB

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Move bradenhead valve from below surface to above surface and fill in hole. This work done to provide safe access to bradenhead valve for regular bradenhead pressure surveys.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED H. S. Weir TITLE Petroleum Engineer DATE 1/16/75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-116
Effective 1-1-65

Operator Wood, McShane & Thams 692, Ltd.	
Address P. O. Box 968, Monahans, Texas 79756	
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"/>

If change of ownership give name and address of previous owner Wood, McShane & Thams - Colorado Box 968, Monahans, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico M State	Well No. 8	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Free State	Lease No. B-934
Location				
Unit Letter I	1980	Feet From The South	Line and 660	Feet From The East
Line of Section 18	Township 22-S	Range 37-E	Nadp.	Loc County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipe Line Company	Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Skelly Oil Company	Eunice, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 29	Twp. 22-S	Rge. 37-E	Is gas actually connected? Yes	When 5-28-61

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		A.D.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth			
Perforations		Depth Casing Show						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load off and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL		(Test must be after recovery of total volume of load off and must be equal to or exceed top allowable 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
Actual Prod. During Test	Oil-EBB	Water-EBB	Gas-MOP
GAS WELL			
Actual Prod. Test-MOP/D	Length of Test	EBB, Condensate/MOP	Gravity of Condensate
Testing Method (pilot, back prod.)	Tubing Pressure (Gauge-EBB)	Casing Pressure (Gauge-EBB)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

B. Oliver Wood
(Signature)
Partner
(Title)
July 1, 1971
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 11 1971
BY J. C. Smith
TITLE SUPERVISOR DISTRICT I

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 statement 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 of other such change of condition.
Separate Forms C-104 must be filed for each well in multiple.

70 1 2

RECEIVED

AUG 21 1971

OIL CONSERVATION COMM.
HOOVER, ILL.