STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	GAS	1	
OPERATOR		1	
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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE. NEW MEXICO 37501

Form C-104 Pevised 10-01-78 Format 06-01-63 Dage 1

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRA	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
Cperator			
Kirby Exploration Company Of Texas			
D 0 5 1715			
F. U. Box 1/45 Houston, Texas 77251	Other (Please explain)		
New Well Change in Transporter of:	Other (riedle exp(ain)		
Recompletion Cil	Dry Ges Injection Well		
A Change in Ownership Casinghead Gas	Condensate		
If change of ownership give name and address of previous owner Petro-Lewis Corporation	n P. O. Box 2250 Denver, Colorado 80201		
II. DESCRIPTION OF WELL AND LEASE			
New Mexico M State 26 Langlie Matt	ix Seven Rivers :		
	n Greyberg State, Federal or Fee State B-934		
	660 West		
Unit Letter E : 1980 Feet From The North	Line and 660 Feet From The West		
Line of Section 29 Township 225 Range	37E NASA Lea County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR			
Name of Authorized Transporter of Cil or Condensate	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Castinghedd Gas of Cry Gas	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, Unit Sec. Two. Age.	is gas actually connected? When		
If this production is commingled with that from any other lease or pool	1. give commingling order number:		
NOTE: Complete Parts IV and V on reverse side if necessary.			
, ,	#1		
.T. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
nereov certify that the rules and regulations of the Oil Conservation Division have	APPROVED DEC 2 7 1984		
een complied with and that the information given is true and complete to the best of the knowledge and belief.	UNIGINAL SIGNED BY JEDDY CANALL		
	DISTRICT SUPERVISOR		
	TITLE		
You for a second	This form is to be filed in compliance with RULE 1104.		
(Signature)	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deepened		
Production Supervisor	teets taken on the well in accordance with AULE 111.		
(Tille) 12-1-84	All sections of this form must be filled out completely for allowable on new and 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		
	is completed wells.		