

OIL CONSERVATION DIVISION
P. O. BOX 2080
SANTA FE, NEW MEXICO 87501

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S.O.B.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
PERATOR	
LOCATION OFFICE	
REGION	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Kirby Exploration Company Of Texas

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:
Completion <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 Petro-Lewis Corporation P.O. Box 2250 Denver, Colorado 80201
Address of previous owner

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name	Well No.	State, Federal or Fee	
Federal GPS	1	Fed	
Location	Pool Name, Including Formation		
Unit Letter 0	Blinebry Oil & Gas		
1980 Feet From The E	Line and 660	Feet From The S	
Line of Section 6	Township 22S	Range 38E	NMPM, Lea County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		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 Sec. Twp. Rge.	Is gas actually connected? When

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	Workover	Deepen	Plug Back	Same Resrv.	Diff. Res.	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
					Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

IS WELL	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
First New Oil Run To Tanks			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

IS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Total Prod. Test - MCF/D			
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 herein is true and complete to the best of my knowledge and belief.

W. Ramsey
(Signature)
Production Supervisor
(Title)
12-1-84
(Date)

OIL CONSERVATION DIVISION
APPROVED DEC 3 7 1984, 19____
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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-

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O.C.D.
HOBBS OFFICE