

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-73  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
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| SANTA FE               |     |
| FILE                   |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PROMOTION OFFICE       |     |

Operator

Kirby Exploration Company Of Texas

Address

P. O. Box 1745 Houston, Texas 77251

Reason(s) for filing (Check proper box)

- ☐ New Well  
☐ Recompletion  
☒ Change in Ownership

Change in Transporter of:

- ☐ Oil ☐ Dry Gas  
☐ Casinghead Gas ☐ Condensate

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<br>New Mexico M State                                                  | Well No.<br>60     | Pool Name, including Formation<br>Langlie Mattix Seven Rivers | Kind of Lease<br>State, Federal or Fee State | Lease No.<br>B-934 |
| Location<br>Unit Letter H 90 Feet From The East Line and 1410 Feet From The North | Line of Section 30 | Township 22S                                                  | Range 37E                                    | County Lea         |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                        |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Texas New Mexico Pipe Line Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1510 Midland, Texas 79701 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Getty Oil Company          | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1404 Houston, Texas 77001 |
| If well produces oil or liquids, give location of tanks.<br>Unit C Sec. 29 Twp. 22S Rge. 37E                                                           | Is gas actually connected? Yes when 3-4-72                                                                      |

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.

*[Signature]*  
(Signature)

Production Supervisor

(Title)

12-1-84

(Date)

OIL CONSERVATION DIVISION

APPROVED *[Signature]*, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT-1 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 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.