

OIL CONSERVATION DIVISION

P. O. BOX 2080

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE	
BY	
U.O.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
PERATOR	
LOCATION OFFICE	
REMARKS	

Kirby Exploration Company Of Texas

Address P.O. Box 1745 Houston, Texas 77251

ILLEGIBLE

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter oil	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Change of ownership give name Petro-Lewis Corporation P.O. Box 2250 Denver, Colorado 80201
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Vivian	2	Drinkard	State, Federal or Fee	

Location

Unit Letter K ; 1980 Feet From The S Line and 1980 Feet From The W

Line of Section 30 Township 22S Range 38E , NMPM, Lea County

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input 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 Co.	Box 2528, Midland, TX 88240
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)
El Paso Natural Gas	P.O. Box 1492, El Paso, TX 79978

Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<i>[Signature]</i>	

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 Restv.	Diff. Res.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Productions (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Productions	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
ON 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)

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-Bbls.	Water-Bbls.	Gas-MCF

ON WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

[Signature]
(Signature)

Production Supervisor

(Title)

12-1-84
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT 1 SUPERVISOR

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 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 conditions.

Separate Forms C-104 must be filed for each pool in multi-