

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

Form C-104  
Revised 10-01-79  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator  
Kirby Exploration Company Of Texas  
Address  
P. O. Box 1745 Houston, Texas 77251  
Reasons for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry 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      | New Mexico M State | Well No. | 57  | Pool Name, including Formation | Langlie Mattix Seven Rivers | Kind of Lease | State, Federal or Free State | Lease No.     | B-934 |
| Location        | Unit Letter        | A        | 170 | Feet From The                  | Queen Greyberg East         | Line and      | 170                          | Feet From The | North |
| Line of Section | 30                 | Township | 22S | Range                          | 37E                         | N.M.P.M.      | Lea                          | County        |       |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

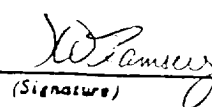
|                                                                                                                          |                            |                                                                          |                                     |       |                            |        |  |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|-------------------------------------|-------|----------------------------|--------|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Texas New Mexico Pipe Line | Address (Give address to which approved copy of this form is to be sent) | P. O. Box 1510 Midland, Texas 79701 |       |                            |        |  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Getty Oil Company          | Address (Give address to which approved copy of this form is to be sent) | P. O. Box 1404 Houston, Texas 77001 |       |                            |        |  |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit                       | Sec.                                                                     | Twp.                                | Range | Is gas actually connected? | When   |  |
|                                                                                                                          | C                          | 29                                                                       | 22S                                 | 37E   | Yes                        | 9-2-73 |  |

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

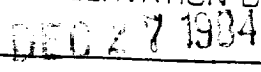
NOTE: Complete Parts IV and V on reverse side if necessary.

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)  
Production Supervisor  
(Title)  
12-1-84  
(Date)

OIL CONSERVATION DIVISION

APPROVED  19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I 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 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.

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2. 107-100