

NO. OF DEEPER PERMITS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.E.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Petro Lewis Corporation

Address
P. O. Box 937, Levelland, Texas 79336

Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
New Well ☐	Oil ☐	
Recompletion ☐	Dry Gas ☐	
Change in Ownership ☒	Casinghead Gas ☐	
	Condensate ☐	

If change of ownership give name and address of previous owner Trans Delta Oil and Gas Co., Inc., 6300 Ridglea Place, Fort Worth, Tex. 76116

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "D" 156	Well No. 4	Pool Name, including Formation Blanco PC South	Kind of Lease State, Federal or Foreign Indian	Lease No. 09000156
Location Unit Letter <u>D</u> : <u>790</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u>				
Line of Section <u>11</u> Township <u>23 N</u> Range <u>2 W</u> NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co.</u>	<u>P. O. Box 1492, El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> When

If 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 Resv. ☐	Diff. Resv. ☐
Date Sounded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date 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 WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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 above is true and complete to the best of my knowledge and belief.

Gerald Amos
(Signature)

District Administrator
(Title)

December 1, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 8 1980, 19

BY Supervisor
SUPERVISOR DISTRICT # 3

TITLE _____
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen 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 allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ownership, name, or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.