

|                       |                                                              |
|-----------------------|--------------------------------------------------------------|
| NO. OF COPIES DESIRED |                                                              |
| DISTRIBUTION          |                                                              |
| SANTA FE              |                                                              |
| FILE                  |                                                              |
| U.S.O.R.              |                                                              |
| LAND OFFICE           |                                                              |
| TRANSPORTER           | <input type="checkbox"/> OIL<br><input type="checkbox"/> GAS |
| OPERATOR              |                                                              |
| PRODUCTION OFFICE     |                                                              |
| Operator              |                                                              |

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)                 | Other (Please explain)                                                        |
| New Well <input type="checkbox"/>                       | Change in Transporter of:                                                     |
| Recompletion <input type="checkbox"/>                   | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>                 |
| Change in Ownership <input checked="" type="checkbox"/> | Coastinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

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 |          | Kind of Lease                  | Indian                    | Lease No.                          |
| Lease Name                    | Well No. | Pool Name, including Formation | State, Federal or Foreign |                                    |
| Jicarillo "B" / 56            | 4        | Blanco PC South                | 09000156                  |                                    |
| Location                      |          |                                |                           |                                    |
| Unit Letter                   | E        | 1735 Feet From The             | North                     | Line and 800 Feet From The         |
| Line of Section               | 2        | Township                       | 23 N                      | Range 2 W, NMPM, Rio Arriba County |

|                                                                                                                            |      |                                                                          |                                |
|----------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------|--------------------------------|
| DESIGNATION 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"/>                      |      |                                                                          |                                |
| Name of Authorized Transporter of Coastinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> |      | Address (Give address to which approved copy of this form is to be sent) |                                |
| El Paso Natural Gas Co.                                                                                                    |      | P. O. Box 1492, El Paso, Texas 79978                                     |                                |
| If well produces oil or liquids, give location of tanks.                                                                   | Unit | Sec.                                                                     | Twp.                           |
|                                                                                                                            |      |                                                                          | Rge.                           |
|                                                                                                                            |      |                                                                          | Is gas actually connected? Yes |
|                                                                                                                            |      |                                                                          | When                           |

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

|                                    |                             |                    |          |              |          |        |           |             |              |
|------------------------------------|-----------------------------|--------------------|----------|--------------|----------|--------|-----------|-------------|--------------|
| COMPLETION DATA                    |                             | Oil Well           | Gas Well | New Well     | Workover | Deepen | Plug Back | Same Rea'y. | Diff. Rea'y. |
| Designate Type of Completion - (X) |                             |                    |          |              |          |        |           |             |              |
| Date Succeeded                     | Date Compl. Ready to Prod.  | Total Depth        |          | P.B.T.D.     |          |        |           |             |              |
| Elevations (DF, RKB, RF, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay    |          | Tubing Depth |          |        |           |             |              |
| Perforations                       |                             | Depth Casing Shoes |          |              |          |        |           |             |              |

|                                      |                      |           |              |
|--------------------------------------|----------------------|-----------|--------------|
| TUBING, CASING, AND CEMENTING RECORD |                      |           |              |
| HOLE SIZE                            | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|                                      |                      |           |              |
|                                      |                      |           |              |
|                                      |                      |           |              |

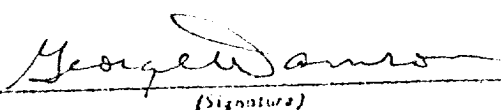
## TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| 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-MCF    |

|                                |                           |                           |                       |
|--------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL                       |                           | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Actual Prod. Test-MCF/D        | Length of Test            |                           |                       |
| Testing Method (prev. 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.



District Administrator

(Date)

December 1, 1980

(Date)

OIL CONSERVATION DIVISION

DEC 3 1980

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_

TITLE SUPERVISOR DISTRICT #3

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 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 Form C-104 must be filed for each pool in multiple completed wells.