

OP. BY OFFICE RECIPIENT DISTRIBUTION SANTA FE FILE U.S.O.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR 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) 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 Trans Delta Oil and Gas Co., Inc., 6300 Ridglea Place, Fort Worth, Tex. 76116			
DESCRIPTION OF WELL AND LEASE			
Lease Name Jicarilla "A" /56	Well No. 1	Pool Name, including Formation Blanco PC South	Kind of Lease Indian State, Federal or Prop. 09000156
Location Unit Letter A 1060 Feet From The North Line and 900 Feet From The East Line of Section 1 Township 23 N Range 2 W N.M.P.M. Rio Arriba 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)	
El Paso Natural Gas Co.		P. O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.		is gas actually connected? Yes	
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 Reservoir Diff. Reservoir	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DB, RRB, RF, 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			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Quantity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		APPROVED BY TITLE	
George J. Ammon District Administrator December 1, 1980		DEC 8 1980 OIL CON. COM. DIST. 3 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 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 multiple completed wells.	