

SANTA FE, NEW MEXICO 87501

NO. OF TROOPS RECEIVED		
DISPOSITION OF TROOP		
BATTLE OF		
FILE		
U.S.O.R.		
LAND OFFICE		
TRANSPORTATION	OIL	
	GAS	
OPERATION		
SIGN OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Petro Lewis Corporation

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

Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well	☐	Change in Transporter of:			
Recompletion	☐	Oil	☐	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

1. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "G" 160		Well No. 3 X	Pool Name, including Formation Blanco PC South	Kind of Lease State, Federal or Free	Indian 09000160	Lease No.
Location Unit Letter M : 1850 740 Feet From The South Line and 1850 990 Feet From The West Line of Section 14 Township 23 N Range 2 W . NMPM, Rio Arriba County						

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?			When	
Yes				

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

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
Date Seeded	Date Compl. Ready to Prod.		Total Depth				P.B.T.D.		
Elevations (DE, RNB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay				Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

[illegible]

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 oil
oil for this depth or be for full 24 hours)

OIL WELL		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Coating Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

GAS WELL		Grd. of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grd. of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
COMMUNICATION DIVISION			

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.

George E. Damon
(Signature)

District Administrator

December 1, 1980

(11014)

OIL CONSERVATION DIVISION

APPROVED _____, 19

Original Agency: NAVY & MARINE CORPS
BY _____

TITLE _____ SUPERVISOR DISTRICT # 3

This form is to be filled 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 all
able on new and recompleted walls.

Fill out only Sections I, II, III, and VI for changes of name, well 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.

DISTRICT			
S/	TAPE		
F.	E		
O.S.			
D OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and 1
Effective 1-1-83

Operator
Graham Royalty, Ltd.
Address
1675 Larimer St., Suite 400, Denver, CO 80202
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ 5/1/86 Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner Petro-Lewis Corp., P.O. Box 90500, Houston, TX 77290

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla G 16C	Well No. 3-X	Pool Name, Including Formation Blanco Pictured Cliffs, S	Kind of Lease State, Federal or Fee Fed.	Lease No. CA-160
Location Unit Letter M ; 790 Feet From The South Line and 990 Feet From The West Line of Section 14 Township 23N Range 2W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ NA	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks. NA	Unit	Sec.	Twp.	Pge.	Is gas actually connected? YES	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Drill Res
Date Spudded	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		

V. 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 (If not pump-jack lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

T. G. Robbins
(Signature)
Prod. Acctg. Super.
(Title)
May 12, 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 12 1986
BY Frank J. Davis
SUPERVISOR DISTRICT # 3
TITLE _____

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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.
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