

## OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                   |  |
|-------------------|--|
| FILE              |  |
| U.S.O.S.          |  |
| LAND OFFICE       |  |
| TRANSPORTER       |  |
| OPERATOR          |  |
| PRODUCTION OFFICE |  |
| Operator          |  |

Petro Lewis Corporation

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

Reason(s) for filing (Check proper box)

|                     |                                     |                           |                                                              |
|---------------------|-------------------------------------|---------------------------|--------------------------------------------------------------|
| 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"/> | Casinghead Gas            | <input type="checkbox"/> Condensate <input type="checkbox"/> |

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        | Well No. | Pool Name, Including Formation | Kind of Lease                     | Lease No.          |
| Jicarilla "C" 160 | 1        | Blanco PC South                | State, Federal or Private Indian  | 09000160           |
| Location          | 740      | 790                            |                                   |                    |
| Unit Letter       | A        | 1790                           | Feet From The North Line and 1790 | Feet From The East |
| Line of Section   | 14       | Township                       | 23 N                              | Range              |
|                   |          |                                | 2 W. NMPM.                        | Rio Arriba         |
|                   |          |                                |                                   | County             |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead 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. Rgs. 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

|                                     |                             |                 |                   |          |        |           |             |              |
|-------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion -- (X) | Oil Well                    | Gas Well        | New Well          | Workover | Deepen | Plug Back | Same Res't. | Diff. Res't. |
| 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 off and must be equal to or exceed top oil cbl. for this depth or be for full 24 hours)

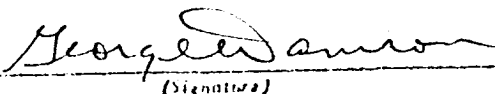
|                                 |                 |                                               |
|---------------------------------|-----------------|-----------------------------------------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test                  | Tubing Pressure | Casing Pressure                               |
| 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 (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.



District Administrator

December 1, 1980

(Date)

## OIL CONSERVATION DIVISION

DEC 8 1980

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

BY \_\_\_\_\_  
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 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 all wells on new and recompleted wells.

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