

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	2
PRODUCTION 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 C-110
Effective 1-1-65

Operator Petro-Lewis Corporation, c/o Minerals Management Inc.	
Address P. O. Box 2919, Casper, Wyoming 82601	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal Media	Well No. 7	Pool Name, including Formation Media Dome - Lower Cretaceous <i>Undes Gallup</i>	Kind of Lease State, Federal or Fee Federal	Lease No. NM-045884-A
Location Unit Letter <i>G</i> ; 1980 Feet From The <i>North</i> Line and 1980 Feet From The <i>East</i> Line of Section 22 Township 19N Range 3W, NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1702, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit 22	Sec. 19N
	Twp. 3W	Rge. No
	Is gas actually connected? 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resrv. <input type="checkbox"/>	Diff. Resrv. <input type="checkbox"/>
Date Spudded 6-19-69	Date Compl. Ready to Prod. 7-31-73		Total Depth 3445'		P.B.T.D. 3368'			
Elevations (DF, RKB, RT, GR, etc.) 6843' K.B.	Name of Producing Formation Lower Cretaceous		Top Oil/Gas Pay 2793'		Tubing Depth 2753'			
Perforations 2793-98', 2802-12', 2836-46', 2885-97', 2974-88', 3227-41', 3259-62'					Depth Casing Shoe 3440'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		100'		80 sx Cl A w/3% cc			
7-7/8"	4-1/2"		3440'		350 sx Cl C & Diamix			
	2-3/8" tubing		2753'					

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 8-27-73	Date of Test 9-3-73	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hour	Tubing Pressure 110	Casing Pressure 40	Choke Size 0
Actual Prod. During Test 16.68 BFPD	Oil - Bbls. 3.34	Water - Bbls. 13.34	

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.

Bruce L. Bummer (Signature)

Production Manager (Title)

March 20, 1974 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *Original Signed by A. R. Kendrick*TITLE *PETROLEUM ENGINEER DIST. NO. 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 deviation 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.