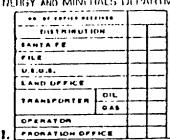
OIL CONSERVATION DIVISION P. O. DOX 2088 SANTA FE, NEW MEXICO 87501

D	E	P	
---	---	---	--



REQUEST FOR ALLOWABLE AND

MARRIE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA DIST. Petro Lewis Corporation Box 16200 Lubbock, Texas 79490 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Dry Gos Oil Recompletion Casinahead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner. I. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. XXXX Foderal &XXXX JM045884A 7 Federal Media Media Gallup Location : 1980 Feet From The North Line and 1980 Feet From The ___East , NMPM, County Line of Section 22 Township 19N Range 3W 1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Cit or Condensate Address (Give address to which approved copy of this form is to be sent) Giant Refining Co.
Name of Authorized Transporter of Casinghead Gas or Dry Gas 7227 North 16th Street Phoenix, Ariz. 85020 ediess (Give address to which approved copy of this form is to be sent) None Twp. When Is gas actually connected? Ree. Unit Sec. If well produces oil or liquids, give location of tanks. 19N G 22 31/ If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Workever Deepen Plug Back Same Resty. Diff. Resty Gas Well New Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded Tubing Depth Top Oll/Gas Pay *!ame of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choie Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. OII - Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Fred. Test-MCF/D Length of Test Cosing Pressure (Shut-in) Choke Size Tubing | ' ... we / shut-la) Testing Method (pilot, back pr.)

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.

Production/Revenue Supervisor (Tille)

> 3/22/83 (Date)

DIL CONSERVATION DIVISION MAR 4

APPROVED

SUPERVISOR DISTRICT # 3

TITLE _

This form is to be filed in compliance with BULE 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, all name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filled for each pool in multiply

ompleted wells.