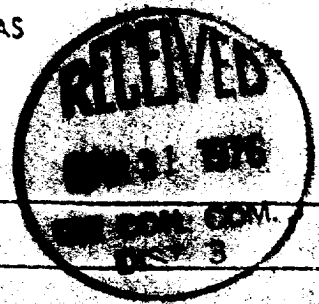


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	GAS	
OPERATOR		1
PRODUCTION OFFICE		

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 1-1-75



Operator Petro-Lewis Corporation	
Address P. O. Box 2250, Denver, Colorado 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in well name from: Fluid Power Pump #4 to Media Entrada Unit #5
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

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

DESCRIPTION OF WELL AND LEASE			
Lease Name Media Entrada Unit	Well No. 5 Pool Name, including Formation Media Entrada	Kind of Lease State, Federal or Free Federal	Lease No.
Location			
Unit Letter: 0 : 990 Feet From The South Line and 1650 Feet From The East			
Line of Section 15 Township 19N Range 3W - NMPM, Sandoval County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation Permian (EN. 9/1/77)	Address (Give address to which approved copy of this form is to be sent) Box 1702, Farmington, N. M. 87401	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 0 Sec. 15 Twp. 19N Rge. 3W	Is gas actually connected? When

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

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Resrv. Diff. Resrv.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, 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 oil and must be equal to or exceed test allowable 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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.	APPROVED MAR 31 1976 , 19
<i>Tom Martinez</i> (Signature) Manager/Production Administration (Title) March 29, 1976 (Date)	BY ORIGINAL SIGNED BY N. E. MAXWELL, JR. TITLE PETROLEUM ENGINEER DIST. NO. 2 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 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.



THE END OF THE WORLD