STATE OF HEW MEXICO MT.

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OPERATOR		١	 	l
SECRETARION OF	·C (ł	ł	!

P. O. DOX 7088 SANTA FE, NEW MEXICO 87501

	/ II @	SANTATE			•	
	TAND DEFICE REQUEST FOR ALLOWABLE					
	OF PATON	AND ANTHODIZATION TO TRANSPORT OIL AND NATURAL GAS				
•	Cherotot					
	Petro Lewis Corporation			17		
	Box 16200 Lubbock, Tx.	79490	10.1. (2)		ECEIN	
	Reason(s) for liling (Check proper box) New Well	Change in Transporter of:	Other (Picase	explain) - U		FA
	Recompletion	Oil X Dry Gai	751	0//	MAR 05 1984 CON: DIV	<i>`]</i>
	Change in Ownership	CATHINIAN OF CO.			CON. Du	
	If change of ownership give name and address of previous owner				OIST 3 DIV.	
1.	DESCRIPTION OF WELL AND LI	EASE Well No. Pool Name, Including Fo	atwation	Kind of Lease		Lease Mr.
	Boling Federal	8 S. W. Media	Entrada	State, Federal	or Fee Fee	NM 1696
	Unit Letter C : 990	Feet From The North Lin	• and2160	Feet From T	h• West	
	Line of Section 22 Town	ship 19N Range	3W , NMP1.	. Sando	oval	County
1.	DESIGNATION OF TRANSPORTE	ER OF OIL AND NATURAL GA	S Aggress (Give aggress	נס שימוכה מספופו	ed copy of this form is	to be sent)
	Permian Corporation	x: or Condensate [P. O. Box 118			
	Name of Authorized Transporter of Casir	nghead Gas or Dry Gas	Address (Gire acaress	to which approv	ved copy of this form is	to be sent)
	land the Manufacture of the Manu	Unit Sec. Twp. Rge.	is gas actually connect	es? hhe	r.	
	If well produces off or liquids, give location of tanks.	C	no			
V	If this production is commingled with COMPLETION DATA	that from any other lease or pool,	New Well Workever	Deepen	Plug Bock Same R	estv. Diff. Hear
	Designate Type of Completion			! ! 		
	Date Spudded	Date Compl. Ready to Prod.	Tota, Depth		P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	*'ame of Producing Formation	Top CII/Gas Fey		Tubing Depth	
	Perforations				Depth Casing Shoe	
		TUBING, CASING, AND	D CEMENTING RECO	RD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS		SACKS CS	EMENT
17	. TEST DATA AND REQUEST FO	RALLOWABLE (Test must be o	feer recovery of social soci	the of load oil	and must be equal to o	resteed top all
,	OIL WELL	Date of Test	Producing Meinos (Fig.	w, pump, gas is	jt, etc.)	
	Date First New Cit Num 10 10.12		Casing Piessie		Ghere Size	
	Length of Test	Tubing Proseme			Gos+MCF	
	Actual Prod. During Test	OH-Bbls.	Water - Hbla.	_	GCI-MOP	
					•	
	GAS WELL Actual Frod. Tool-MCF/D	Length of Test	BEIS. Condensate/Adv	CF	Gravity of Condense	210
	Teeting Method (pitot, back pr.)	Tubing Pressue (Shut-in)	Cosing Piessue (Sho	t-1n)	Chois Size	
1	I. CERTIFICATE OF COMPLIANC	Έ			tion division 5 1984	19
	I hereby certify that the rules and re Division have been complied with					
	Division have been complied with above is true and complete to the	best of my knowledge and bellst.	BY Original Signal Signal			
	· 1	·	This family	in the filed in	compliance with AU	JLE 1104.
	Manuel Kind	1 ² A 1	If this is a to	quest for Allo	wable for a newly dramind by a tabulation	rilled or deeper n cf the device
	Production / Description	iwe/	Il tanta talan on the	a woll in acco	ordance with RULE	-
	Production/Revenue Supe		able on new and	recompleted *	velie.	harves of owi
	2/28/84	(4)	well name or hum	Sections 1.	II. III. and VI for c	not la mile
	 	· •	Separete For	ins C-104 inu	at he mied tot ecc	1 Provide the spirits;







Job separation sheet

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		
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LAND OFFICE		
TRANSPORTER	OIL	
	BAS	
OPERATOR		
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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	AUTHORIZAT	ION TO TRANS	PORT OIL AND NATE	JRAL GAS	
Kirby Exploration Cor	mpany Of	Jerns			
P. O. Box 1745 Hous	ston, Texas	77251			
Reason(s) for filing (Check proper box) New Well Recompletion X Change in Ownership	Change in Trans Oil Casinghead	_ p	Other (Pleas ry Gas andensate	e explain)	
If change of ownership give name and address of previous owner Per	tro-Lewis Co	orporation	P. O. Box 2250	Denver, Colorado 80	201
II. DESCRIPTION OF WELL AND I					
Lease Name		Name, including F		Kind of Lease	Lease No.
Boling Federal	8 <u></u>	<u>dia Entrada</u>	Southwest	State, Federal or Fee	NM 1696
Unit Letter C : 990	Feet From The	North Lin	2160	Feet From The West	
Line of Section 22 Townsh	19N	Range	3W NMPN	. Sandoval	County
III DESIGNATION OF TRANSPOR	TTER OF OU	NITS NI ATTITO A I			
III. DESIGNATION OF TRANSPOR	or Condens	ND NATURAL	Adaress (Give address	to which approved copy of this form	is to be sent!
Gary Energy Corp.			1	s Dr. East, Englew	
Name of Authorized Transporter of Casings	read Gas or	Dry Gas	Address (Give address	to which approved copy of this for	es q ea sent)
if well produces oil or liquids, que location of tanks.	1t Sec. 22	19N 3W	Is gas actually connect NO	mec 1 71984	المتنا
If this production is commingled with the	ist from any othe	er lease or pool,	give commingling order	r number:	
NOTE: Complete Parts IV and V on	reverse side if	necessary.		DIL COL "	
VI. CERTIFICATE OF COMPLIANCE	F.		ا ا	ONSERVATION DIVISION	
				DFC 17	1984
hereby certify that the rules and regulations o seen complied with and that the information given my knowledge and belief.			APPROVED	Frank (1)	19
. 3			TITLE	SUPERVISOR DISTRICT	3
York	Pansey			be filed in compliance with a	
(Signature)			If this is a requ well, this form must	neat for allowable for a newly do	irilled or deepened
Production Supervis	or			well in accordance with RULE this form must be filled out cor- completed wells.	
12-1-8 (Date)	4		Fill out only S	ections I. II. III, and VI for c , or transporter, or other such ch	thanges of owner, ange of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA	· 					
Designate Type of Comple	etion — (X)	il New Weil Workover	Deepen Plus	g Back Same Resty. Diff. Resty.		
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B	.т.р.		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top QU/Gas Pay	Tub	Tubing Depth		
Perforations			Dep	th Casing Shoe		
	TUBING, CASING,	AND CEMENTING RECORD				
HOLESIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
						
V. TEST DATA AND REQUES OIL WELL	T FOR ALLOWABLE (Test must to able for this	se after recovery of total volume of depth or be for full 24 hours)	of load oil and mu	et be equal to or exceed top allow-		
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)				
Length of Test	Tubing Pressure	Casing Pressure	Chos	:• Size		
Actual Prod. During Test	OII - Bhis.	Water - Bbis.	Gas	MCF		
AS WELL						
Actual Prod. Teet-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gree	ity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shat-in) Chek	e Size		

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