DEPARTMENT

RGY AND MINE	MES L)(,)"	47111
1 197114 816	1740		
DISTRIBUTION			
SANTA FE			
FILE			
U.8.U.8.		<u> </u>	
LAND OFFICE		<u> </u>	1
TRANSPORTER	OIL	_	
	CAS		
OPERATOR .			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. Q. HOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

Form	C - '	104	
Revis	e d	10-	1-78

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.

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

OPERATOR OPERATOR	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS		
PAGRATION OFFICE				
Operator				
Lewis Energy Corporat	ion			
Address Form	oington. New Mexico 87401			
232 N. Schwartz, Farm	ington, New Mexico 07401	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gar	To Amend Origina	1 C-104	
Change In Ownership	Casinghead Gas Conden		11 0-104	
If change of ownership give name	•			
and address of previous owner			+	
DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Leas		
San Isidro	1 Wildcat Gallu	p State, Feder	olorFoo Federal NM 36936	
Location	:			
Unit Letter D : 660	Feet From The North Line	e and 990 Feet From	The West	
Onit Letter			•	
Line of Section 15 To	wnship 20N Range	3W , NMPM, Sandor	7al County	
		•		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent)	
Name of Authorized Transporter of Oi		P.O. Box 256, Farmingt		
Giant Refining Compar	1y	Address (Give address to which appro	oved copy of this form is to be sent)	
Name of Authorized Transporter of Ca	isinghead Gas or Dry Gas	Address (Othe dates to mitch appro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
N/A	To Do	Is gas actually connected? Wi	nen	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	N/A		
give location of tanks.		<u> </u>		
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Designate Type of Completi		X	XXX	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D,	
Date Spudded 1/22/81	10/4/81 6-5-8/	4350°	3990'	
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.) 6855 GR	Gallup "A" Zone	3812'	3689 '	
			Depth Casing Shoe	
Perforations 3894'-3920' (20 hole	s) 3840'-3868' (20 holes	3)	3800'	
3074 3720 (21 1121	TURING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
14-3/4	9-5/8"	222'	200 sx	
8-3/4	7	3800 '	750 sx	
6-1/4	4-1/2 (liner)	Top 3638' Bottom 4350'	150 sx	
0-1/4			<u>i</u>	
DAME AND REQUEST F	OR ATTOWARTE (Test must be a	fer recovery of total volume of load oi	l and must be equal to or exceed top allow	
TEST DATA AND REQUEST FOIL WELL	able for this de	pth or be for full 24 hours;		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
10/4/81	10/29/81	Piston Lift		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 Hrs.	180	180	48/64 Gas-MCF	
Actual Prod. During Test	Oil-Bble.	Water - Bbls.		
10	10	_0_	19	
GAS WELL		Table Condenses ON/CE	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF		
N/A	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			
	1	OIL CONCEDIA	TION DIVISION	
CERTIFICATE OF COMPLIAN	CE		CHOIL DIVIDIOIAN AND AND AND AND AND AND AND AND AND A	
		APPROVED MAK	, 19	
I hereby certify that the rules and regulations of the Oil Conservation				
	ean complied with and that the information given		\$ > 1.02 2 F \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
SOOAS IS fide and combiers to in	• • •	\$11P 77 VISC + Q 709 139	T 5 8	
	~ \	TITLE STREET AND AND STREET		
Jahrey & L	and it	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation.		
Zachary C_Lewis				
(Sia	nature)	Il and taken on the Woll in acc	Oldstice with trops	
Operations Manager		Att mactions of this form to	nust be filled out completely for allow	
	itle)	able on new and recompleted	wells.	

(Date)

3/15/82