

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator LEWIS ENERGY CORPORATION	
Address 232 North Schwartz, Farmington, New Mexico 87401	
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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name Caja Pelon 29	Well No. 29-1	Pool Name, Including Formation Wildcat Mancos	Kind of Lease State, Federal or Fee	Lease No. NM29168
Location Unit Letter M : 990 Feet From The South Line and 990 Feet From The West. Line of Section 29 Township 21N Range 3W, NMPM, Sandoval County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refinery Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 256, 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 Sec. Twp. Rge. Is gas actually connected? When M 29 21N 3W No

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded May 11, 1981	Date Compl. Ready to Prod. August 4, 1981	Total Depth 4620 ft.	P.B.T.D. 4620 ft.					
Elevations (DF, RKB, RT, GR etc.) 7024	Name of Producing Formation Mancos	Top Oil/Gas Pay 4560	Tubing Depth 4554					
Perforations Open hole -- 4507 to 4620	Depth Casing Shoe 4507							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2"	9 5/8	412	265 "B"					
8 3/4	7	4507	410 50/50 poz.					
6 1/2	2 3/8	4500	0					

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)

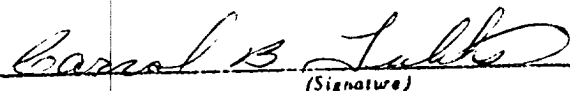
Date First New Oil Run To Tanks August 23, 1981	Date of Test August 26, 1981	Producing Method (Flow, pump, gas lift, etc.) Plunger lift.
Length of Test 24 hours	Tubing Pressure 220	Casing Pressure 350
Actual Prod. During Test	Oil - Bbls. 54	Water - Bbls. 0

GAS WELL

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

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.



OPERATIONS MANAGER

August 28, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT #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.

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