

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

*LS*

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DISTRIBUTION	
SANTA FE FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL 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  Change in Transporter of: Oil  Dry Gas

Recompletion  Casinghead Gas  Condensate

Change in Ownership

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Lewis 28-21-3</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Undesignated Gallup</b>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <b>NM-29169</b>
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Location  
Unit Letter **D**; **660'** Feet From The **North** Line and **660'** Feet From The **West**

Line of Section **28** 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"/> <b>Giant Refining Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 256, Farmington, New Mexico 87401</b>
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 <b>D</b>	Sec. <b>28</b>	Twp. <b>21N</b>	Rge. <b>3W</b>	Is gas actually connected? <b>No</b>	When <b>None</b>
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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 type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
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Date Spudded <b>October 7, 1981</b>	Date Compl. Ready to Prod. <b>November 6, 1981</b>	Total Depth <b>4760</b>	P.B.T.D. <b>4760</b>
Elevations (DF, RKB, RT, GR, etc.) <b>7020 GR</b>	Name of Producing Formation <b>Mancos Shale</b>	Top Oil/Gas Pay <b>3865</b>	Tubing Depth <b>4653</b>
Perforations <b>Open hole 4460 - 4760</b>			Depth Casing Shoe <b>4455</b>

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	402	275 sx class "B"
8 3/4"	7"	4455	325 sx
6 1/4"	2 3/8"	4653	none

**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 <b>October 31, 1981</b>	Date of Test <b>November 20, 1981</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>
Length of Test <b>24 hours</b>	Tubing Pressure <b>-0-</b>	Casing Pressure <b>200</b>
Actual Prod. During Test <b>52</b>	Oil-Bbls. <b>27</b>	Water-Bbls. <b>25</b>
		Choke Size <b>48/64</b>
		Gas-MCF <b>40</b>

**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**

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.

*[Signature]*  
Operations Manager  
November 30, 1981  
(Date)

**RECEIVED**  
**DEC 2 - 1981**  
**OIL CON. COM.**  
**OIL CONSERVATION DIVISION**  
**DEC 2 1981**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **Original Signed by FRANK T. CHAVEZ**  
SUPERVISOR DISTRICT #\_\_\_\_

TITLE \_\_\_\_\_

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.