

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

DATE RECEIVED	
DISTRIBUTION	
SCHEDULE	
FILE	
REG. NO.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Petro Lewis Corporation	
Address 717 17th Street, P. O. Box 2250, Denver, CO 80201	
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 checked="" 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 Blanco Federal 19	Well No. 1	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF-079150
Location Unit Letter J ; 1600 Feet From The South Line and 1600 Feet From The East Line of Section 19 Township 23 North Range 1 West , NMPM, Sandoval County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks. None	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	Soon

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 9-21-81	Date Compl. Ready to Prod. 11-10-81		Total Depth 3175'		P.B.T.D. 3036'			
Elevations (D) X, RT, GR, etc., 7390' GR, 7402' KDB	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2930'		Tubing Depth 2612'			
Perforations 2935-80' with 35 shots					Depth Casing Shoe 3175'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	345'	300 sx Class B
7-7/8"	4-1/2"	3175'	500 sx Class A
Tubing	1.9	2612'	

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	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 676	Length of Test 3 hrs.	Bble. Condensate/MMCF 0	Gravity of Condensate —
Testing Method (flow, back pr.) Open Flow	Tubing Pressure (shut-in) 892	Casing Pressure (shut-in) 909	Choke Size 3/4"

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)
Agent
March 5, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
Original Signed By _____
BY _____
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.