

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. 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 checked="" 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lewis 30-21-3	Well No. #2	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee <input type="checkbox"/> Federal	Lease No. NM 16579
Location Unit Letter H ; 1990 Feet From The North Line and 660' Feet From The East Line of Section 30 Township 21N Range 3W , NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company	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 H 30 21N 3N None

If this production is commingled with that from any other lease or pool, give commingling order number: **none**

IV. 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"/>
Date Spudded 10-20-81	Date Compl. Ready to Prod. 11-23-81	Total Depth 4833'	P.B.T.D. 4833'					
Elevations (DF, RKB, RT, GR, etc.) 7070' GR	Name of Producing Formation Mancos Shale	Top Oil/Gas Pay 4530'	Tubing Depth 4488'					
Perforations Open hole 4833' - 4430'	Depth Casing Shoe 4488'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	9-5/8 36# J-55		385		275 sx "B" + 6% gel			
8-3/4	7" 20#		4530		583 sx			
6 1/4	2-3/8 (tubing)		4488		None			

V. 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 11-17-81	Date of Test 12-10-81	Producing Method (Flow, pump, gas lift, etc.) Flowing and swabing	
Length of Test 24 hour	Tubing Pressure 75	Casing Pressure 350	Choke Size none
Actual Prod. During Test 102	Oil - Bbls. 81.6	Water - Bbls. 20.4	Gas - MCF 162

GAS WELL

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

VI. 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
(Title)**December 17, 1981**
(Date)

OIL CONSERVATION DIVISION DIST. 3

APPROVED

BY **Original Signed by FRANK T. CHAVEZ**
SUPERVISOR DISTRICT #3

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.