

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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		/
FUEL		
OIL		
GAS		/
TOR		L
ATION OFFICE		

Operator:

Petro-Lewis Corporation

Address:

P.O. Box 509 Levelland, Texas 79336

Reason(s) for filing (Check proper box)

New Well

☒ **X**

Change in Transporter eff.

Recompletion

1

Oil

1.

133

X

Castinghead Gas

└

On 19/12/2011

1

Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Ruddock	Well No. 9	Prop. Name, Including Formation 1. <i>up to</i> Pictured Cliff	Kind of Lease State, Federal or Fee Fed	Lease No. SF-080566
Location: Unit Letter C ; 900 Feet From The North Line and 1750 Feet From The West Line of Section 2 Township 25N Range 3W , NMPIA, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas				P.O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 4-11-78	Date Compl. Ready to Prod. 6-23-78		Total Depth 4100'			P.B.T.D. 4010'			
Elevations (DF, RKB, RT, GR, etc.) 7374' GR	Name of Producing Formation Pictured Cliff		Top Oil/Gas Pay 3942'			Tubing Depth 3967'			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND DEEPENING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACS & C			
12-1/4"	8-5/8"		535.33'			330 Sxs. Class "B"			
7-7/8"	5-1/2"		4091.00'			300 Sxs. Hal light			
	2-3/8"		3967.00'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after removal of total coliforms. If not possible for this depth or be for full 24 hr.)

Date First New Oil Run To Tanks	Date of Test	Production Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Oil - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 908 MCF/D	Length of Test 3 Hrs.	Brine Condensate/MMCF TSTM	Gravity of Condensate Gas .9605
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (shut-in) 821	Casing Pressure (shut-in) 876	Choke Size .750

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ron Tangle
Signature

Sr. Drilling Foreman/Levelland District

July 10, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 31 1953 1953

Original Signed _____

BY _____

TIME _____

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 transference or other physical change of condition.