

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Petro-Lewis Corporation

x 16200 Lubbock, Texas 79490

ion(s) for filing (Check proper box)

Well ☐
Completion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☒

Other (Please explain)

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name: Blanco Mesaverde Well No.: 7 Kind of Lease: Federal Lease No.: 880566

Location: E 2028 Feet From The North Line and 1023 Feet From The West

Unit Letter: 4 Township: 25 Range: 3 NMPM: Rio Arriba County:

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
Address (Give address to which approved copy of this form is to be sent)
7227 N. 16th St. Phoenix, Ariz 85020
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1492 El Paso, Texas 79948
Is gas actually connected? yes When 5/15/79

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
<u>(X)</u>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Observations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Observations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 WELL	Length of Test	Bbls. Condensate/MMCF	Gravimetric Condensate
Actual Prod. Test - MCF/D			
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.

Production/Revenue Supervisor

(Signature)
1-28-83
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____
BY _____ Original Signed by CHARLES JOHNSON
TITLE _____ DEPUTY OIL & GAS SUPERVISOR

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 deviate 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 multiple completed wells.