

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

Operator Petro-Lewis Corporation

Address 607 Austin, Levelland, TX 79336

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 Imperial-American Energy, Inc.

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name Elk State Well No. 2 Pool Name, including Formation Teague Blinebry Kind of Lease State Lease No. \_\_\_\_\_

Location: Unit Letter M 330 Feet From The South Line and 990 Feet From The West

Line of Section 16 Township 23-S Range 37-E, NMPM, Lea County

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
Shell Pipeline Company Address (Give address to which approved copy of this form is to be sent)  
Box 1910 Midland, TX.

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)  
Box 1492, El Paso, TX.

If well produces oil or liquids, give location of tanks. Unit M Sec. 16 Twp. 23-S Rge. 37-E Is gas actually connected? Yes When \_\_\_\_\_

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

**V. COMPLETION DATA**

Designate Type of Completion - (X)  Oil Well  Gas Well  New Well  Workover  Deepen  Plug Back  Same Restv.  Diff. Restv.

Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.T.D. \_\_\_\_\_

Elevations (DF, RKB, RT, GR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_

Perforations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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 \_\_\_\_\_ 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 \_\_\_\_\_ 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*C. B. Matney*  
(Signature)  
Mgr. Technical Oper.  
(Title)  
5-9-78  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED JUN 20 1978, 19 \_\_\_\_\_

BY John Runyan  
TITLE Geologist

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