

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
	NATURAL 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 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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name Lewis 30-21-3	Well No. #1	Pool Name, including Formation Wildcat Mancos Shale	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM-16579
Location Unit Letter <u>M</u> : <u>990'</u> Feet From The <u>South</u> Line and <u>1200' 2115'</u> Feet From The <u>West</u> <u>E</u> Line of Section <u>30</u> Township <u>21 North</u> Range <u>3 West</u> , NMPM, <u>Sandoval</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Giant Refining Company	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 <u>M</u>	Sec. <u>30</u>	Twp. <u>21N</u>	Rge. <u>3W</u>	Is gas actually connected? <u>N/A</u>	When <u>N/A</u>

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 <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 July 11, 1981	Date Compl. Ready to Prod. September 23, 1981	Total Depth 5000'	P.B.T.D. N/A					
Elevations (DF, RKB, RT, GR, etc.) 7077' GR	Name of Producing Formation Mancos Shale	Top Oil/Gas Pay 4626	Tubing Depth 4667					
Perforations 4640' - 4684' with 1 SPF (.375")						Depth Casing Shoe 4304		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	336	350 sks "R" 2% CaCl
7" 8 3/4"	8 3/4" 7	4304	130 sks 1st stage: 305 sks thur DV
6 1/4"	4 1/4"	4998	80 sks 50/50 DOZ tool
N/A	2 3/8"	4667	N/A

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 September 23, 1981	Date of Test October 7, 1981	Producing Method (Flow, pump, gas lift, etc.) Pumping and flowing	
Length of Test 24 hours	Tubing Pressure 115	Casing Pressure 115	Choke Size 48/64
Actual Prod. During Test 147	Oil-Bbls. 136	Water-Bbls. 11	Gas-MCF 107

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

[Signature]
(Signature)
Operations Manager
(Title)
October 9, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 16 1981
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

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 Form C-104 must be filled for each pool in multiply completed wells.