

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
City/State	

Operator Petro Lewis Corporation	
Address Box 16200 Lubbock, Texas 79490	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Kenai Oil & Gas Inc. 717 17th Street Suite 2000 Denver Colo. 80202

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name Federal 3	Well No. 43	State Federal XXX	NM18463
Location			
Unit Letter <u>I</u> : <u>1830</u> Feet From The <u>South</u> Line and <u>940</u> Feet From The <u>East</u>			
Line of Section <u>3</u> Township <u>23N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Inland	Box 1528 Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Gas Co. of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1800 First International Bldg Dallas, Texas 75270	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 3	Twp. 23N
		Rge. 8W	Is gas actually connected? <u>yes</u> When <u>5/15/82</u>

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Drill Rest
Designate Type of Completion - (X)									
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			

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

Anna Sunday
(Signature)
Production/Revenue Supervisor
(Title)
11/1/82
(Date)

OIL CONSERVATION DIVISION NOV 12 1982	
APPROVED _____, 19	BY <u>Original Signed by CHARLES GHOLSON</u>
TITLE <u>DEPUTY OIL & GAS INSPECTOR, DIST. #3</u>	
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 deviated 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.	
Complete Form C-104 must be filed for each pool in production.	