	HO OF COMIES SECTIVED		13	
!	DISTRIBUTION			
	SANTA FE			
	FILE			/
1.	U.S.G.S.		İ	
	LAND OFFICE			
	TRANSPORTER	OIL	<u> </u>	
		GAS	$\prod$	
	OPERATOR		1	
	PRORATION OFFICE			
	Operator			

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS			
1.	TRANSPORTER OIL GAS I OPERATOR I DEPORTED OPERATION OFFICE OPERATOR						
Petro-Lewis Corporation, c/o Minerals Management Inc.							
	P. O. Box 2919, Casper, Wyoming 82601						
	Reason(s) for filing (Check proper box)  New Well Change in Transporter of:						
	Recompletion  Change in Ownership	Oil Dry Gas  Casinghead Gas Condens	— <del> </del>				
		Penrose Production C	ompany, 1605 Commer	ce Bldg., Fort Worth,			
••	and address of previous owner			Texas 76102			
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo					
	Florance 2 Tapacito - PC State, Federal 08056						
	Unit Letter A ; 990 Feet From The North Line and 990 Feet From The East						
	Line of Section 5 Tow	mship 25N Range	3W , NMPM, Rio A	rriba County			
188	DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GA	s				
III.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Cas		Address (Give address to which approv				
	El Paso Natural G	unit Sec. Twp. Rge.	Is gas actually connected? Whe	n. New Mexico 87401			
	give location of tanks.		Yes				
îV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, (		Plug Back   Same Res'v. Diff. Res'v.			
	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back Same Nessy. Dill. Nessy.			
	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			
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT			
	HOLE SIZE						
٧.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bble.	Water-Bbis.	Gas-MCF			
	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			
VI.	I. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION			
•			APPROVED DEC 10 19	ARREQUED SEC 1 0 1973			
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.			By Original Signed by Emery C. Arnold				
	above is true and complete to the	near or my knowledge and parrate	SUPERVISOR DIST	SUPERVISOR DIST. #3			
	1 1		This form is to be filed in compliance with RULE 1104.				
	Blue & Dumm	i√					
Production Manage Fignature) Minerals Management Inc.  (Title)  December 4, 1973			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, and the sumber or transporter, or other such change of condition.				

(Date)

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.