

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF WELL	
LOCATION	
DATE	
TIME	
BY	
REMARKS	
OPERATOR	
TRANSPORTER	
PRODUCTION OFFICE	
DATE	

Petro-Lewis Corporation

Address

P.O. Box 16200

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

RECEIVED
MAR 05 1984
OIL CON. DIV.
DIST. 3If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	NOO-C-TH
Union Navajo Alloted 5	21	Nageezi-Gallup	State, Federal or Fee Federal	20-3743

Location	Unit Letter	Feet From The	Line and	Feet From The	County
	C	790	North	1650	West
Line of Section	5	Township	23N	Range	8W
				NMPM	San Juan

DESIGNATION 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)					
Permian Corporation	P.O. Box 1183 Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Gas Co. of New Mexico	1800 First International Bldg. Dallas, TX 75270					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgc.	Is gas actually connected?	When
	C	5	23N	8W	yes	5-20-81

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hstn.	Drill. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Fcy	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 oil able for this depth or be for full 24 hours)

Date First Test 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	Length of Test	Prod. Condensate MCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
Testing Method (Flow, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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

2-28-84

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 05 1984

BY *Frank J. [Signature]*
SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1194.

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. Generate Form C-104 must be filed for each pool in multiple.