

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PROMOTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Petro Lewis Corporation

Address
P. O. Box 937, Levelland, Texas 79336

Reason(s) for filing (Check proper box)

New Well	☐
Recompletion	☐
Change in Ownership	☒

Change in Transporter of:

Oil	☐
Casinghead Gas	☐

Other (Please explain)

Dry Gas	☐
Condensate	☐

If change of ownership give name and address of previous owner
Trans Delta Oil & Gas Co., Inc. 6300 Ridglea Place, Ft. Worth, Tex. 76116

DESCRIPTION OF WELL AND LEASE

Lease Name Crane Federal	Well No. 3	Pool Name, including Formation Blanco PC South	Kind of Lease State, Federal or Fee Fed.	Lease No.
Location Unit Letter D : 820 Feet From The North Line and 1050 Feet From The West Line of Section 32 Township 24N Range 1W, NMPM, Rio Arriba County				

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)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	is gas actually connected? When SI

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
Elevations (D.F., R.A.B., R.T., G.R., etc.)	Name of Producing Formation	Top Oil/Cas 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 had in well 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/MCF	Gravity of Condensate
Testing Method (pilot, 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 Rinday
(Signature)

Prod. Analyst

March 10, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 12 1981**
Original Signed by FRANK T. CHAVEZ

BY
SUPERVISOR DISTRICT # 3

TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen 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 own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.