

Memo

From

Luanne Hisel

March 6, 1984

To

Danna Lindsay
Petro-Lewis Corp.

Re: Florance #8a, #9A and #9, C-115 filing
(Ojito Gallup Dakota)

Per our records the Ojito Gallup Dakota is temporarily abandoned behind a retrievable bridge plug and we have received from El Paso Natural Gas a notice of disconnect for this zone on each of the above wells.

Since the time of temporary abandonment the #11 well was changed to the 8A and the #10 changed to the 9A to comply with numbering of infill wells. The status of these wells since the temporary abandonment should have shown "T" and since the time of disconnect should show "D", on your C-115 filing.

Submit a correction for page 18 of the C-115, for each month needed, to correct the well number and status.

If you have any questions, please call.

Sincerely,

Luanne

Oil Conservation

Aztec, New Mexico

#9A

N-5-25N-36W

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPT. OF REVENUE	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR
Petro-Lewis Corporation
Address
P.O. Box 16200 Lubbock, TX 79490
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒
Other (Please explain)
MAR 05 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 9A	Pool Name, including Formation Ojito-Gallup Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF080565
Location Unit Letter <u>N</u> : <u>810</u> Feet From The <u>South</u> Line and <u>1800</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>25N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 5	Twp. 25N	Rge. 3W	Is gas actually connected? No	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Re
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		

V. 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 o
able 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

VI. 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.

Alvin Dindley
(Signature)
Accounting/Revenue Production Supervisor
(Title)
2/28/84
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 05 1984, 19
BY Frank J. (Q)
SUPERVISOR DISTRICT 8
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of o
well name or number, or transporter, or other such change of cond
... must be filled for each pool in nu