STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

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

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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: ...tro-Lewis Corporation

Address: ...x 16200 Lubbock, Texas 79-91

Reason(s) for filing (Check proper box)
New Well [ ] Change in Transporter of: Oil [ ] Dry Gas [ ]
Recompletion [ ] Casinghead Gas [ ] Condensate [ ]
Change in Ownership [ ]

Other (Please explain)

If 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	Lease No.
...ate of New Mexico 36	21	...rock-Gallaup Ext.	State, ~~Federal or Fee~~	L-2986

Location
Unit Letter C ; 590 Feet From The North Line and 2030 Feet From The West
Line of Section 36 Township 24N Range 8W , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Giant Refining Company
Address (Give address to which approved copy of this form is to be sent)
7227 N. 16th St. Phoenix, Ariz. 85020

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]
Mesa Petroleum Co.
Address (Give address to which approved copy of this form is to be sent)
Box 2009 One Mesa Square Amarillo, Tx. 79189

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	36	24N	8W	yes	~~Unknown~~ 4-30-81

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 Res'v.	Diff. Res'v.

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 (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)

OIL WELL

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

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OIL CON. DIV.
DIST. 3

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

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.

Danna Lindsay
(Signature)
Revenue/Production Supervisor
(Title)
1-28-83
(Date)

OIL CONSERVATION DIVISION

APPROVED ____, 19 ____

BY Original Signed by CHARLES GHOLSON

TITLE ____

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 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, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.