

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT		OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501		Revised 10-1-70																							
<table><tr><td>UP. OF SERVICE RECEIVED</td><td></td></tr><tr><td>DISTRIBUTION</td><td></td></tr><tr><td>SANTA FE</td><td></td></tr><tr><td>FILE</td><td></td></tr><tr><td>U.S.O.G.</td><td></td></tr><tr><td>LAND OFFICE</td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td></tr><tr><td></td><td>NATURAL GAS</td></tr><tr><td>OPERATION</td><td></td></tr><tr><td>PERMITS OFFICE</td><td></td></tr><tr><td>Operator</td><td></td></tr></table>		UP. OF SERVICE RECEIVED		DISTRIBUTION		SANTA FE		FILE		U.S.O.G.		LAND OFFICE		TRANSPORTER	OIL		NATURAL GAS	OPERATION		PERMITS OFFICE		Operator		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
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Operator																											
Petro Lewis Corporation																											
Address P. O. Box 937 Levelland, Tx. 79336																											
Reason(s) for filing (Check proper box)				Other (Please explain)																							
New Well <input type="checkbox"/>				Change in Transporter of:																							
Recompletion <input type="checkbox"/>				Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>																							
Change in Ownership <input checked="" type="checkbox"/>				Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>																							
Effective: 3-1-81																											
If change of ownership give name and address of previous owner Gil-Mc Corporation, Box 763, Hobbs NM. 88240																											
DESCRIPTION OF WELL AND LEASE																											
Lease Name Linam "A" Com		Well No. 1		Pool Name, including Formation Eumont																							
				Kind of Lease State, Federal or Fee Fee																							
Lease No.																											
Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East																											
Line of Section 32 Township 18S Range 37 E , NMPM, Lea County																											
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS																											
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)																								
Navajo Crude Oil Purchasing Co.			P. O. Box 159, Artesia, NM. 88210																								
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)																								
Warren Petroleum			P. O. Box 1589, Tulsa, Ok. 74102																								
If well produces oil or liquids, give location of tanks.		Unit J	Sec. 32	Twp. 18S	Rge. 37E																						
		Is gas actually connected?		When																							
		Yes		February 1971																							
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																						
Date Spudded		Date Compl. Ready to Prod.		Total Depth																							
Elevations (DE, RKE, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay																							
Perforations				Depth Casing Shoe																							
TUBING, CASING, AND CEMENTING RECORD																											
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET																							
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 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																							
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.																							
				Gas-MCF																							
GAS WELL																											
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MCF																							
Testing Method (piston, 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.																											
<div>George J. Danes (Signature) District Administrator 3-1-81 (Date)</div>																											
<div>OIL CONSERVATION DIVISION APPROVED MAR 24 1981 BY Jerry Smith TITLE District Engineer 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 deviated 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 transportation or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple completed wells.</div>																											