, up contes rece	IVED	٠	
DISTRIBUTION			L_
SANTA FE			
FILE			
U.S.G.S.		Ĺ_	L
LAND OFFICE			<u> </u>
TRANSPORTER	OIL		
	GAS		
OPERATOR		<u> </u>	$oldsymbol{ol}}}}}}}}}}}}}}}}}$
PRORATION OFFICE		1	<u> </u>
			

F	DISTRIBUTION ANTA FE ILE J.S.G.S. AND OFFICE RANSPORTER GAS		R ALLOWABLE IND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
1	PERATOR				
B. 1	PRORATION OFFICE				
	Petro-Lewis Corpor	ation			
A	ddress	relland. Texas 79336			
		relland, Texas 79336	Other (Please explain)		
Reason(s) for filing (Check proper box)					
- 1	lew We!1	Change in Transporter of: Oil Dry Gas			
1 -	Recompletion Change in Ownership XX	Casinghead Gas Condensa	te 🔲		
[Change in Ownership 1343		2	Midland Toyas 79701	
If at	change of ownership give name nd address of previous owner	John H. Hendrix Corporat	ion 525 Midland Tower	, MIGIANG, TEXAS 75.02	
II. D	ESCRIPTION OF WELL AND L	Well 11011 . 441	nation Kind of Leas	D	
'	Cooper "B"	11 Eunice-Monument	(G~SA) State, Federa	nl or Fee Fee	
-				East	
	Unit Letter H 1	980 Feet From The North Line of	andFeet From	The	
į	Unit Letter		36-E , NMPM,	Lea County	
ĺ	Line of Section 12 Town	nship 20-S Range	30 2 , NMPM,		
-		TO OF OUR AND NATURAL GAS			
III.	Name of Authorized Transporter of Oil	X 5. 55555		oved copy of this form is to be sent)	
1	chall Pineline Co	mpany	P.O. Box 2648 Housto	on, Texas 77001	
-	Name of Authorized Transporter of Cas	Inchesed Cas Cor Dry Gax X	Address (Give address to which appropriate P.O. Box 1492 El Pasc	Texas 79999	
	El Paso Natural G	Gas Company		her	
-	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is and detailing commercial		
Ì	give location of tanks.				
1	If this production is commingled wit	h that from any other lease or pool, g	ive commingling order number.		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	Designate Type of Completion			P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.11.D.	
			Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			
	Depth Casing Shoe				
	Perforations				
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		OD ALLOWARIE (Test must be at	ter recovery of total volume of load of	il and must be equal to or exceed top allow	
V.	TEST DATA AND REQUEST F	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas		
	OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	•••••	
			Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure]		
		Oil-Bbls.	Water - Bbls.	Gas-MCF	
	Actual Prod. During Test	011-2212			
	GAS WELL		1-11-2	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		
			Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			
			OIL CONSER	VATION COMMISSION	
VI	VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION AUG 2 10/0				
					
	I hereby certify that the rules and	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given Commission have been complied with and that the information given ORIGINAL SIGNED BY NATHAN E. CLEGG		SIGNED BY	
	above is true and complete to t	he best of my knowledge and belief.		E. CLEGG	
		/- / <u> </u>	TITLEOIL & C	AS INSP.	
			This form is to be filed	in compliance with RULE 1104.	
		10000	If this is a request for a	llowable for a nawly drilled or deepens	

bove is true and complete to the best of my knowledge and
May D. Denon
(Signature)
Manager Oil and Gas Accounting
(Title)
August 17, 1978
(Date)

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.