HE OF LINES REC	EIVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
INANSPURIER	$\overline{}$	+	-

(Title)
August 17, 1978

(Date)

	DISTRIBUTION SANTA FE FILE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1 Elioctive 1-1-65		
	U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL			
1.	PRORATION OFFICE Operator					
	Petro-Lewis Corpo					
	Reason(s) for filing (Check proper box		Other (Please explain)			
	New Well Recompletion	Change in Transporter of: Oil Dry G	ias [
	Change in Ownership	Casinghead Gas Conde	ensate			
	If change of ownership give name and address of previous owner	John H. Hendrix Corpor	cation, 525 Midland Towe	er, Midland Texas 79701		
II.	DESCRIPTION OF WELL AND					
	Cooper B	Well No. Pool Name, Including I	ment (G-SA) Kind of Lec State, Fede	Ledge 140.		
	Unit Letter M ;	560 Feet From The South Li	ne and 660 Feet From	n The West		
	Line of Section 7 To	wnship 20-S Range	37-E , NMPM,	Lea County		
II.		TER OF OIL AND NATURAL GA				
	Name of Authorized Transporter of Cil	Λ		roved copy of this form is to be sent)		
	Shell Pipeline Co	singhead Gas or Dry GasXX	P.O. Box 2648 Houston Address (Give address to which appropriate to the property of the proper	on, Texas //OUL roved copy of this form is to be sent)		
	El Paso Natural (If well produces oil or liquids, give location of tanks.	Gas Company Unit Sec. Twp. Rge.	P.O. Box 1492 E1 Pas is gas actually connected? , w	so, Texas 79999		
V.	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
•	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	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					
			D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST FOOLL WELL	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil	l and must be equal to or exceed top allow-		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF		
i		<u> </u>	<u> </u>			
1	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
			Casing Pressure (Shut-in)			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size		
	CERTIFICATE OF COMPLIANC		OIL CONSERVATION COMMISSION			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			ORIGINAL SIGNED BY NATHAN E. CLEGG TITLE OIL & GAS INSP.			
,	/ Yilligh)	(San	If this is a request for allowell this form must be accomp	wable for a newly drilled or deepened anied by a tabulation of the deviation		
Manager, Oil & Gas Accounting		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-				

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.