

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.R.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator Petro-Lewis Corporation	
Address 1111 West Loop 289, P.O. Box 16200, Lubbock, Texas 79490	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Southeast Lea Unit	Well No. 3	Pool Name, Including Formation Osuda, West (Morrow)	Kind of Lease State, Federal or Fee State	Lease No. OG-3826
Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>2200</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>20S</u> Range <u>35E</u> , NMPM, <u>Lea</u> County				

II. 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)	
Crown Central Pipeline	P.O. Box 784, Lamesa, Texas 79331	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Llano Inc.	P.O. Drawer 1320, Hobbs, NM 88241	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 26
	Twp. 20S	Rge. 35E
	Is gas actually connected? <u>No</u> When _____	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9/18/82	Date Compl. Ready to Prod. 12/23/82	Total Depth 13,456'	P.B.T.D. 13,400'					
Elevations (F, RKB, RT, GR, etc.) 3665.4' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 12,961'	Tubing Depth 12,950' 2-3/8"					
Perforations 12961-76', 12987-89', 13011-18', 13092-93', 13097-13104', 13114-18', 13121-24', 13126-30', 13132-34', 13137-38', 13140-44', 13146-49', 13183-92' (248 holes)			Depth Casing Shoe 13,400'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	16" 65#		479'		475 sx			
14-3/4"	10-3/4" 40.5 & 45.5#		4350'		3450 sx			
9 1/2"	7-5/8" 33.7# & 39#		11380'		2000 sx			
6 1/2"	4 1/2" 13.5#		13456		410 sx			

VI. 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual First Test-MCF/D 4500	Length of Test 24 hrs	Bbls. Condensate/MMCF 31.11	Gravity of Condensate 47° (est)
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 5200	Casing Pressure (Shut-in) pkr	Choke Size 20/64"

VII. 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.

William D. Fulton
(Signature)
Senior Petroleum Engineer
(Title)
12/29/82
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 7 1983, 19____
ORIGINAL SIGNED BY
BY JERRY SEATON
TITLE DISTRICT 1 SUPR.

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.