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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator Petro-Lewis Corporation  
Address 607 Austin, Levelland, TX. 79336  
Reason(s) for filing (Check proper box):  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain):  
If change of ownership give name and address of previous owner Imperial-American Energy, Inc.

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Art Yeager Well No. 2-Y Pool Name, including Formation Wantz Abo Kind of Lease State, Federal or Fee Fee Fee Lease No.   
Location  
Unit Letter 0 : 2260 Feet From The East Line and 330 Feet From The South  
Line of Section 25 Township 21-S Range 37-E , NMPM Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, TX.  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) Box 1650, Tulsa, OK.  
If well produces oil or liquids, give location of tanks. Unit J/O Sec. 25 Twp. 21 Rge. 37 Is gas actually connected? Yes 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'ty. ☐ Diff. Res'ty. ☐  
Date Spudded  Date Compl. Ready to Prod.  Total Depth  F.S.T.D.   
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oil/Gas Pay  Testing Depth   
Perforations  Depth Casing Shoe   
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT

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  Testing Pressure  Casing Pressure  Choke Size   
Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF

GAS WELL  
Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate   
Testing Method (pilot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size

VI. CERTIFICATE OF COMPLIANCE  
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.  
AB Martin  
(Signature)  
Mgr. / Internal Oper.  
(Title)  
5-9-78  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED JUN 20 1978, 19 78  
BY John Rungan  
Orig. Signed by Geologist  
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