	SANTA FE	REQUEST	CONSERVATION COMMIS N FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS
J.	IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator			
	Petro-Lewis Corporation			
	401 Fort Worth Club Bldg., Fort Worth, Texas 76102 Reoson(s) for filing (Check proper box) New We!) Change in Transporter of:			
	Recompletion Oil Dry Gas   Change in Ownership X Casinghead Gas Condensate			
	If change of ownership give name; and address of previous owner	Penrose Production Co	ompany, 1605 Commerce	Bldg., FtWorth, Tex.
11.	DESCRIPTION OF WELL, AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease			
	L. G. Warlick "B" 2 Penrose-Skelly Grayburgstate, Federal or Fee Fee			
	10	980 Feet From The <u>North</u> Lin ownship 21S Range 3	ne and <u>1980</u> Feet From <sup>-</sup> В 7Е , NMPM, Lea	
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	EFFECI AS SKELLS	TVE JANUARY 31, 1977, OIL COMPANY MERGED
	Texas-New Mexico P	II 🗙 or Condensate 🗋	Address (Give address to which por P. O. Box 1510, Mic	SETTY OONS COMPANYent)
	Name of Authorized Transporter of Co Skelly Oil Co.	asinghead Gas 🔏 or Dry Gas 🗍	Address (Give address to which approv	ved copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. H 19 21S 37E	P. O. Box 1351, Mic Is gas actually connected?	
IV.	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	t
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Derth	P.B.T.D.
	Elevations (DF, RKB, RT, GR. etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENT			······
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
N				
	If EST DATA AND REQUEST FOR ALLOWABLE   (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)     Dil. WEI.I.   Date of Test     Date First New Oil Run To Tanks   Date of Test			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Teet	Oil-Bbis.	Water - Bbis.	Gas - MCF
	GAS WELL	· · · · · · · · · · · · · · · · · · ·	· ·=····	·
[	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19	
	Commission have been complied '	with and that the information given a best of my knowledge and held is	BY	Signed by
			TITLE	
-	H.S. Uling (Signaswd) Agent		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 allow-	
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-	October 23, $19$	<sup>tle)</sup> 73	able 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.	
-	(D	ate)		