

STATE OF NEW MEXICO	State Minerals Department
PERMIT NUMBER	
PRODUCTION	
DATE	
FUEL	
OPERATOR	
LAND OWNER	
TRANSPORTER	
OPERATOR	
OPERATION PERIOD	
Operator	

OIL CONSERVATION DIVISION

P. O. BOX 2000
SANTA FE, NEW MEXICO 87561

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Petro-lewis Corporation

Address
P. O. Box 937 Levelland, Texas 79336

Reason(s) for filing (Check proper box)

New Well
Recompletion
Change in Ownership

Change in Transporter of:
Oil Commingled Gas
Casinghead Gas Condensate

Other (Please explain)

Commingled Blinebry & Drinkard
Zones - Permit # R-6210

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Warlick, L. G.	3	Blinebry	State, Federal or Foreign	
Location				
Unit Letter P :	660	Feet From The South Line and 330	Feet From The East	
Line of Section 18	Township 21S	Range 37E	R.M.P.M.	Lea-
				Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company		P. O. Box 2528 Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Getty Oil Company		P. O. Box 1137 Eunice, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When
12-14-71	4-24-72	Yes 1955

If this production is commingled with that from any other lease or pool, give commingling order number: R-6210

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Time Test, Date
Date Spaced	Data Completeness to Prod.	Total Depth					P.A.T.D.
12-14-71	4-24-72	6863'					6721'
Elevations (DE, R.R., K.F., GR, etc.) 6498' GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5686'					Tubing Depth 6625'
Perforations 5679 - 5873'	56 Shots						Depth Casing, m.s. 6863'

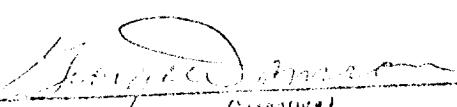
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
17-1/2"	13-3/8"
12-1/4"	9-5/8"
8-3/4"	7"

TEST DATA AND REQUEST FOR ALLOWABLE		(Test must be after recovery of total volume of lead oil and must be equal to or exceed top oil well for this depth or b. for full 24 hours)	
OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First Saw Oil Run To Tank	Date of Test	Pumping	Check Site
4-29-72	11-15-79	Casing Pressure	
Length of Test 24 hrs.	Tubing Pressure 25	Water-BBLs.	24 hr Gas-MCF
Actual Prod. During Test 30	Oil-BBLs. 5	25	38

GAS WELL		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	BBLs. Condensate/MMCF	
Testing Instead (if not back test)	Casing Pressure (Shut-in)	Casing Pressure (Shut-in)	Check Site

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.


District Administrator

February 21, 1980
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 22 1980
BY SUPERVISOR DISTRICT I
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 daily tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or such change of control reported. Form G-101 must be filed for each pool in each consolidated well.