

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BY OFFICE RECEIVED	
DATE RECEIVED	
FILED	
U.S.	
IN OFFICE	
REPORTED	
OIL	
GAS	
NATION	
PRODUCTION OFFICE	
DATE	

Petro-Lewis Corporation

P. O. Box 937 Levelland, Texas 79336

Reason(s) for filing (Check proper box)	Other (Please explain)
Well ☐	Request 1000 Barrel Testing Allowable
Completion ☐	
Change in Ownership ☐	
Change in Transporter of:	
Oil ☐	
Casinghead Gas ☐	
Dry Gas ☐	
Condensate ☐	

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
L. G. Warlick	3	Penrose Skelly	State - Leasing Fee	
Location				
Unit Letter	P	660 Feet From The South Line and 330 Feet From The East		
Line of Section	18	Township 21	Range 37	NMPM, Lea County

SIGNATURE 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)
Texas New Mexico Pipeline Co.	Box 2528 Hobbs, New Mexico
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Getty Oil Co.	Box 1137 Eunice, New Mexico
Well produces oil or liquids, or location of tanks.	Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Rest'y.	Chf. Rest'y.
to Spudded								
Date Compl. Ready to Prod.								
Total Depth								
P.B.T.D.								
Locations (WF, REB, RT, GR, etc.)								
Name of Producing Formation								
Top Oil/Gas Pay								
Tubing Depth								
Depth Casing Shoe								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
L 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)

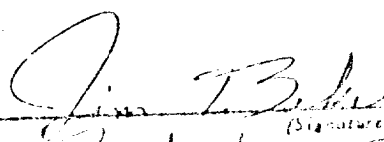
Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure
Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.
Water-Bbls.	Gas-MCF

S WELL

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

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.


(Signature)
Production Supervisor
9-24-77
(Date)

OIL CONSERVATION DIVISION

SEP 25 1979

APPROVED

Orig. Signed by

BY

Jerry Sexton

TITLE

Dist 1, Supv.

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 all wells on new and recompleting wells.

Fill out only Sections I, II, III, and IV for changes of well name or number, or transportation of other such change of conditions.

Separate Form C-104 must be filed for each pool in multi-completed wells.