

**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-1
Effective 1-1-65

DISTRIBUTION		
SANTA FE		
ILE		
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator
Petro-Lewis Corporation

Address
401 North Worth Club Building, Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>			

Other (Please explain)

If change of ownership give name and address of previous owner Wood, McShane & Thoms 902, Ltd., Box 996, Comanchas, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No. <u>11</u>	Pool Name, Including Formation <u>Langlie Mattix</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-934</u>
Location				
Unit Letter: <u>J</u>	<u>1980</u> Feet From The <u>South</u> Line and <u>1900</u> Feet From The <u>East</u>			
Line of Section <u>1</u>	Township <u>22-S</u>	Range <u>37-E</u>	, NMPM, <u>1983</u> County	

III. 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)
<u>Texas New Mexico Pipe Line Company</u>	<u>Box 1510, Midland, Texas</u>
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)
<u>Skelly Oil Company</u>	<u>Eunice, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>C 29 22-S 37-E Yes 5-28-61</u>

If this production is commingled with that from any other lease or pool, give commingling order number: EFFECTIVE JANUARY 31, 1977,

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plus Back <input type="checkbox"/>	Same Res'v. Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	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 CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				

V. 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 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 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.

ORIGINAL SIGNED BY
H. S. WINSTON
(Signature)

Agent
(Title)

1-1-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 well to maintain