DISTRIBUTION NEW MELTICS OIL CONSERVATION CON JON Form C-104 ANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65 LΕ AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE RANSPORTER GAS PERATOR PROPATION OFFICE Operator Address Reason(s) for filing (Check proper box) Other (Please explain) aw Weil Change in Transporte Recompletion Oil -Casinghead Gas if change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE ell No. Pool Nime, Including Formation Kind of Lease Lease No. State, Federal or Fee Location Feet From The Line of Section Township Rance , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Cive address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or E-ry as Advises: (Give address to which approved copy of this form is to be sent) Unit Sec. Tvp. Ege. If well produces oil or liquids, give location of tanks. Is gas actually connected? When If this production is commingled with that from any other lease or pool give commingling order number: IV. COMPLETION DATA Oil Well Jas Well 'New Well Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion = (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, EKB, RT, GR, etc.) Top Oil, Gas > sy Name of Producing Formattin Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of rotal volume of load oil and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 hours) Date First New Cil Run To Tanks Producing Method /Flow, pump, gas lift, etc.) Date of Test Length of Tee: Tubing Pressure Odelna Pressure Choke Size Actual Prod. During Test Oil-Bbls. Wore: - Bale. Gas-MCF GAS WELL. Actual Prod. Test-MCF/D Length of Test Bbls. Cordens te/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)	
(Title)	

(Date)

This form is to be filed in compliance with RULE 1104.

OIL CONSERVATION COMMISSION

_, 19 -

APPROVED_

TITLE .

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.

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DISTRIBUTIO			
ANTA FE			
ILE			
.s.g.s.	1		
AND OFFICE			
TRANSPORTER			
	GAS		
OPERATOR			
PRORATION OF			

1-1-74

(Date)

NEW MEXICO OIL CONSERVATION COM ION REQUEST FOR ALLOWARIE

Form C-104 Supersedes Old C-104

	' ILE						AND	LOWABLE	-	Effective 1-	Uld C-1 04 and C- ·1-65	
	.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
	-AND OFFICE			_	THE THE THE THE THE THE THAT WALL GAS							
	IRANSPORTER	OIL		4								
	OPERATOR	CAS		-								
1.	PRORATION OFF	ICE										
	Operator			- 								
	Petro-Lewis Corporation											
	401 7											
	Regentle) for filing (Charles)											
	New Well		oper uo.		Other (Please explain) Change in Transporter of:							
	Recompletion			Oil Dry C			Gas					
	Change in Ownership				ghead Gas	<u> </u>	densate					
								L			··	
	If change of owners and address of previous	hip give ious ow:	name ier	Wood.	c. ha	ne & The	nne 69 2	i tadi i i	0.00	Monahans. Te		
						1111	mid dace	<u> </u>	COR SOO	wonanans, re	xa s	
II.	DESCRIPTION O	F WELI	AND									
	Lease Name			Well N	Well No. Pool Name, Including F				Kind of Le		Lease No.	
	New exic	0	tate			ong lie	attix		State, Fede	eral or Fee State		
			10	00							-	
	Unit Letter C	;	10	00 Feet F	rom The_	orth	_ine and	198 0	Feet From	n The <u>East</u>		
	Line of Section	30	То	wnship 2	22-S	Range	37-E	>		Tan		
				р		runge	37-13	, NMP	м,	Lea	County	
III.	DESIGNATION OF	TRAN	SPOR	TER OF O	IL AND N	NATURAL (GAS 🔍 ()		rati	. 11) 1/1	00	
	Name of Authorized T	ransport	er of Oil		Condensat			Give gadress	to which app	roved copy of this form is	to be sent)	
	Texas New	exi	co Pi	po Line	Compa	ñy	Box	1510.	idland.	Texas	ŕ	
	Name of Authorized T	'ransport	er of Ca	singhead Gas	or D	ory Gas	Address (Give address	to which app	roved copy of this form is	to be sent)	
	Sacrity CON	Jompa	ny	7					Nexico			
	If well produces oil of give location of tanks		,	Unit S	ec. Tw	ı	i	ually connec	ted? W	/hen		
ļ					29 22	<u> </u>		Ye		5-28-61		
IV :	If this production is	commin	gled wi	th that from	any other	lease or poo	1, give comm	ingling orde	er number:			
١٧.	COMPLETION DA			***	Oil Well	Gas Well	New Well	Workover	Deepen	Piug Back Same Re	-1 15:45	
ı	Designate Type	of Co	mpletio	on - (X)	! !	1		1	Deepen	Flug Back Same Re	es'v. Diff. Res'v	
ľ	Date Spudded			Date Compl.	. Ready to 1	Prod.	Total Dep	th		P.B.T.D.		
į										175.115.		
	Elevations (DF, RKB, RT, GR, etc.)			Name of Producing Formation			Top Oil/G	Top Oil/Gas Pay		Tubing Depth		
1												
	Perforations									Depth Casing Shoe		
ŀ												
ŀ	HOLES	17F		CASIN	I UBING,		ND CEMENT	D CEMENTING RECORD				
ŀ	110223	12.0		CASIN	IG & TUBI	ING SIZE		DEPTH S	ET	SACKS CE	MENT	
ľ						 -			· · · · · · · · · · · · · · · · · · ·			
ľ												
												
V . '	TEST DATA AND	REQUE	EST F	OR ALLOW	ABLE (Test must be	after recovery	of total volu	ime of load oi	l and must be equal to or	anned top allow	
	OIL WELL					able for this	tepth or be jor	full 24 hours	*)		exceed top attom	
ı	Date First New Oil Ru	in To Tai	nk s	Date of Test	£ .		Producing	Method (Flow	v, pump, gas l	ift, etc.)		
⊢												
Ì	Length of Test			Tubing Pressure			Casing Pre	essure		Choke Size		
-	Actual Prod. During Test Oi		Oil-Bble.			Water - Bbl			Gas-MCF			
						11444						
'-		 -				· · · · · · · · · · · · · · · · · · ·						
	GAS WELL											
Γ	Actual Prod. Test-MC	F/D		Length of Te	et		Bbls. Cond	ensate/MMC	F	Gravity of Condensate	Gravity of Condensate	
L			_									
- 1	Testing Method (pitot,	sting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
L							<u> </u>					
VI. C	CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION							
								APPROVED Orig. Signed by				
I	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.					APPRO	VED	<u> </u>	<u> </u>	19		
						BY_			Orig. Signed by			
		· · · · · · · · · · · · · · · · · · ·					TITLE Dist. I, Supv.					
	ODICINAL SIGNED BY					TITLE.			1. 1, 3upv.			
	ORIGINAL SIG	ORIGINAL SIGNED BY. H. S. WINSTON					This	form is to	be filed in	compliance with RULE	£ 1104.	
_	H. S. WINGLOW (Signature)						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					
	Agent		Signal	w't/			tests tak	e form must sen on the t	veli in accompa	nied by a tabulation or reance with RULE 111	T the deviation	
	119cm		(Tirl	e)			All	sections of	this form mu	et be filled out comple	stely for allow-	
	(Title)						able on :	new and rec	completed we	118.		

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 reed in multiply.