STATE OF NEW MEXICO			Form C-10 Ravised	34 10-1-78
GY AND MINERALS DEPARTMENT	OIL CONSERVAT	TON DIVISION		••••
DIST (00-10 0111140	P. O. DOX 2088			
ANIA / T	SANTA FE, NEW MEXICO 87501			
V 8.0.8.		ALLOWARI E		
LAND DFFILF 011.	REQUEST FOR ANI)		
DPERATOR	AUTHORIZATION TO TRANSPO	ORT OIL AND NATURAL GAS		·
PADMATION OFFICE				
Kirby Exploratic	on Company Of Texas			
P.O. Box 1745	Houston, Texas 77251			
Reason(s) for filing (Check proper box,		Other (Please explain)		
	Change in Transporter of: Oil Dry Gas			
Recompletion Change in Ownership	Casinghead Gas Condens	ate		
I change of ownership give name	n Louin Corporat	ion P.O. Box 2250 De	nver, Colorado	80201
nd address of previous owner	Petro-Lewis corporat			
ESCRIPTION OF WELL AND	LEASE hell No. Pool Name, Including For	rmation Kind of Le		Lease ir
Lease Name	1 Wantz ABO	Statk, Fød	erol dEXXX	029029B
Sims Federal		1980	East	
Unit Letter B ; 660	Feel From The North Line	andFeet Fro		
Line of Section 7 To	waship 225 Range	38Е , мири,	Lea	County
	TER OF OUL AND NATURAL GA	5		
DESIGNATION OF TRANSPOR None of Authorized Transporter of Ci	TER OF OIL AND NATURAL GA	S Address (Give address to which op P.O. Box 1183,	proved copy of this form to Houston, TX 77	7001
Demmion		Address (Give address to which op	proved copy of this form i	s to be sent;
Hane of Authorized Transporter of Co	singhead Gas Or Dry Cod			
if well produces oil or liquids,	Unit Sec. Twp. Rgc.	Is gas actuany connected?	When	
the location of tacks.	TA/D	give comminating order number:		
this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	New Well +::kover Deepen	Plug Back Same F	les'v. Ditt. Hes
Designate Type of Complet	ion - (X)			l
Designate Type of Leng Dete Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	ame of Producing Formation	Top Oll/Gas Fay	Tubing Dopth	
levations (DF, RKB, RT, GR, etc.)	Came of Producing Formation		Depth Casing Shoe	
Perforations				
	TUBING, CASING, ANI	D CEMENTING RECORD	SACKS	THENT
HOLE SIZE	CASING & TUBING SIZE	CEPTH SET	SACKS	
				······································
		after recovery of stal volume of loa	d oll and must be equal to	or exceed top all.
EST DATA AND REQUEST	FOR ALLOWABLE (Test must be c able for this d	epith or be for full 24 hours) Producing kieland (Flow, pump, g		
IL WELL Date First New Oll Run To Tanks	. Dote of Test	Producing kieland (ribble pump,		
	Tubing Presewe	Casing Press_*	Choke Slze	
ength of Test		Water-Bbis.	Gas • MCF	
ctual Prod. During Test	C11-Bble.			
AS WELL	Length of Test	Bble. Condensate/AddCF	Gravity of Conder	ale
Iciual Fred. Tool - MCF/D	Lengin DI iest		Choke Size	
eeling Method (piloi, back pr.)	Tubing Presews (Shut-in)	Cosing Pressue (Shut-in)		
		OIL CONSEP	RVATION DIVISION	
ERTIFICATE OF COMPLIA			27 1984	, 19
hereby certify that the rules ar	id regulations of the Oil Conservation	APPROVED		
hereby certify that the rules and regulations of information given vision have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.		. BYORIGINAL SIG	NED BY JERRY SEXTO	N
		TITLE	T I SUPERVISOR	
Y.7-2		This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for slice		
J. O. Pamser z				
(Signalwe) (Signalwe)				
	(Tisle)	able on new and recompte		changes of owr
12-1-	84 · (Doile)	Fill out only Section well name or number, or tre	ineporter, or other such	change of conditions of conditions of conditions of the condition of the c
······································	(Dole)	Separate Forma C-10	4 must be filed for •	····

NECEIVED DEC 19 1984 HOLES (MADE

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NO. OF COPIES RECEIVED DISTRIBUTION GANTA FE	REQUEST FOR	- CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 ST FOR ALLOWABLE Effective 1-1-65	
FILE U.S.G.S. LAND OF FICE TRANSPORTER GAS		PORT OIL AND NATURAL GAS	
OPERATOR PRORATION OFFICE			
Petro-Lewis Corporati Address	0 n		
607 Austin, Levella	nd, Texas 79336	Other (Please explain)	
Reason(s) for filing (Check proper box) New Well	Change in Transporter of.		
Recompletion	Oli Dry Gas Casinahead Gas Condensati	e	
f change of ownership give name nd address of previous owner	Imperial-A	American E nergý, Ing.	
DESCRIPTION OF WELL AND	LEASE	atten / Kind of Lease	Lease No.
Jease Name Sims Federal	Well No. Pool Name, Heldung Polin 1 Wantz Abo	State, Federal o	Fee Federal NM029029-B
	The second Line of	and Feet From Th	eEast
	GFeet From TheNorth Line of Fange	38-E , NMFM.	Lea County
Line of Section /	whishit 22-S Hange		
Name of Authorized Transporter of Ca	·· · · · · · · · · · · · · · · · · · ·	0110 114	11and Wox2g 79701
Permian Corporation Name of Authorized Transporter of C	asinghead Gas or Dry Gas	P.O. BOX 3119, MIC Address (Give address to which approve	ed copy of this form is to be sent)
None		Is gas actually connected? When	a
If well produces all or liquids, give location of tarks.	A/B 7 22-S 38-E		
If this production is commingled w COMPLETION DATA	with that from any other lease or pool, g	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Complet	OII Well Oca Well		P.B.T.D.
Date Spudaed	Date Compl. Ready to Prod.	Total Depth	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	
		:	
			land must be equal to or exceed top allo
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of ioad off epth or be for full 24 hours) Procusing Mained (Flow, pump, gas i	1 and must be equilibre
OIL WELL Date First New Oil Run To Tanks	Date of Test		Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Proa. During Test	Oll-Bhis.	Water-Bbis,	Gas - MCF
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitor, back pr.)	Tubing Pressure (Shut-in)		ATION COMMISSION
I. CERTIFICATE OF COMPL	IANCE		ATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	·
Commission have been compl above is true and complete t	lied with and that the infolliation give to the best of my knowledge and belie:	1. BY	
\sim	4	TITLE	is compliance with RULE 1104.
& Martin		If this is a request for al	llowable for a newly diffied of devia
	(Signature)	tests taken on the well in a	must be filled out completely for a
<u> </u>	(Title)	able on new and recompleted	we for the pres of o
	5-9-78 (Date)	well name or number, or trans	I, II, III, and VI for Change of cond porter, or other such change of cond must be filed for each pool in mu
		Sebarare Forma e rec	

tests taken on the well in acc	
table form r	must be filled out completely for allow-
All sections of this form :	must be filled out completely for allow-
the on new and recompleted	wells.

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. Separate Forms C-104 must be filed for each pool in multiply stand wells.