

30-25-28770

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Petrus Operating Company, Inc.

Address  
12201 Merit Drive, Suite 900 Dallas, Texas 75251

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	Request clearance to move test production from temporary tanks before plugging back well.
Change in Ownership	<input type="checkbox"/>	Condensate Gas	149 BBLS
		Dry Gas	
		Condensate	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	State	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
		1	Bagley Siluro Devonian	State, Federal or Fee State	V-983

Location

Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East

Line of Section 34 Township 11S Range 33E , NMPM, Lea 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)
UPG, Inc.	P. O. Box 4658, Houston, TX 77210-4658
Name of Authorized Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
N/A	

If well produces oil or liquids, give location of tanks. Test Tanks I Unit 34 Sec. 11S Twp. 33E Is gas actually connected? N/A When N/A

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'y.	Diff. Rec'y.
<input checked="" type="checkbox"/>								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or one inch top allowable for this depth or be for full 24 hours)

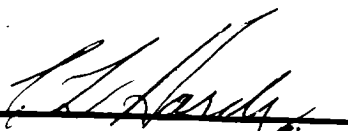
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, 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.

  
C. L. Hardy  
Drilling & Production Manager  
10-30-84  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV - 1 1984, 19 \_\_\_\_\_  
BY ORIGINAL SIGNATURE  
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 changes of condition.