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RECEIVED BY
FEB 25 1985P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO.C.D.
ARTESIA, OFFICEI. Operator
PETRUS OPERATING COMPANY, INC.Address
12201 Merit Drive, Suite 900 Dallas, TX 75251

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

effective 3-1-85

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|--------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------|----------------------------------------|-----|-----------|
| Lease Name Moonshine 7-1-Battery | Well No. 1 | Pool Name, including Formation Twin Lakes SA Assoc. | Kind of Lease State, Federal or Fee | Fee | Lease No. |
| Location | | | | | |
| Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> | | | | | |
| Line of Section <u>7</u> Township <u>9S</u> Range <u>29E</u> , NMPM, Chaves 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"/> Permian Corporation Permian (EH 9 / 1 / 87) | Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119 Midland, TX 79702 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Liquid Energy, Corp. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 4000, The Woodlands, TX 77380 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit F | Sec. 7 | Twp. 9S | Rge. 29E | Is gas actually connected? YES | When 3-1-83 |

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

IV. COMPLETION DATA

| | | | | | | | | | |
|--------------------------------------|-----------------------------|-------------------|-----------|----------|--------------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| 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 | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| | | | | | Part ID-3 | | | | |
| | | | | | 3-1-85 | | | | |
| | | | | | By: LT:WAC | | | | |

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)

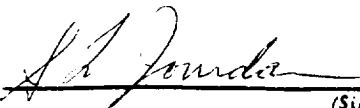
| | | | |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual 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 (pilot, back pr.) | Tubing Pressure (Start-In) | Casing Pressure (Start-In) | Choke Size |

VI. 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.


S. L. JOURDAN
(Signature)PRODUCTION ANALYST
(Title)FEBRUARY 21, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 28 1985, 19BY Original Signed By
Leslie A. ClementsTITLE Supervisor District II

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 pool in multiply completed wells.