

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED BY

DEC 26 1984

O. C. D.
ARTESIA, 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 ☐

Recompletion ☐

Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

Santa Rita Exploration Corp., P. O. Box 798, Artesia, NM 88210

B. DESCRIPTION OF WELL AND LEASE

Lessee Name

Moonlight 33 West

Well No.

1

Pool Name, including Formation

Wildcat-SanAndres

Kind of Lease

State, Federal or Fee

Fee

Lessee No

Location

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 33 Township 7S Range 28E , NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐

Koch Oil Company

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1558, Breckenridge, TX 76024

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 4000, The Woodlands, Texas 77380

If well produces oil or liquids,
give location of tanks.

Unit

Sec.

Twp.

Rgn.

J

33

7S

28

Is gas actually connected?

No

When

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

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well ☐

Gas Well ☐

New Well ☐

Workover ☐

Deepen ☐

Plug Back ☐

Same Rec'y. ☐

Diff. Rec'y ☐

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.S.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

7. 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

Cable 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 (pilot, back pr.)

Tubing Pressure (Shut-In)

Casing Pressure (Shut-In)

Cable 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.

Mark D. Kuhn
(Signature)

Operations Engineer
(Title)

December 20, 1984
(Date)

OIL CONSERVATION DIVISION

DEC 28 1984

APPROVED

19

BY

Original Signed By

Leslie A. Clements

Supervisor District II

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 pool in multiply completed wells.