

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-1-78

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**OIL CONSERVATION DIVISION**  
RECEIVED BY  
FEB 25 1985  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
ARTESIA OFFICE  
**O. C. D. REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

**I. PRODUCTION OFFICE**  
Operator  
PETRUS OPERATING COMPANY, INC.  
Address  
12201 Merit Drive, Suite 900 Dallas, TX 75251  
Reason(s) for filing (Check proper box)  
New Well  Change in Transporter of: Oil  Dry Gas   
Recompletion  Casinghead Gas  Condensate   
Change in Ownership   
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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Moonshine 7, Btry #2</u>	<u>3</u>	<u>Twin Lakes - SA Assoc.</u>	State, Federal or Fee	
Location				
Unit Letter <u>K</u>	<u>2310</u>	Feet From The <u>South</u> Line and <u>1650</u>	Feet From The <u>West</u>	
Line of Section <u>7</u>	Township <u>9S</u>	Range <u>29E</u>	NMPM, <u>Chaves</u>	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)					
<u>Permian Corporation</u>	<u>P.O. Box 3119 Midland, TX 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Liquid Energy, Corp.</u>	<u>P.O. Box 4000, The Woodlands, TX 77380</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>K</u>	<u>7</u>	<u>9S</u>	<u>29E</u>	<u>YES</u>	<u>4-29-82</u>

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.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
			<u>Post FD-3</u>					
			<u>3-1-85</u>					
			<u>Chg WT:RAC</u>					

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

**OIL CONSERVATION DIVISION**

APPROVED FEB 28 1985, 19\_\_\_\_  
BY \_\_\_\_\_ Original Signed By  
Leslie A. Clements  
TITLE \_\_\_\_\_ 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.