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OIL CONSERVATION DIVISION
RECEIVED BY P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
OCT 31 1985
O.C.D. REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Petrus Operating Company, Inc.
Address
12201 Merit Drive, Suite 900 Dallas, TX 75251-2293
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change of Operator effective 11-1-85

If change of ownership give name and address of previous owner
Cactus Resources, Inc. *Dale G. Taylor*

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Delhi A State Well No.: 1 Pool Name, including Formation: Empire ABO Kind of Lease: State, Federal or Fee State: State Lease No.: B-4575
Location
Unit Letter: D : 980 Feet From The West Line and 990 Feet From The North
Line of Section: 33 Township: 17 S Range: 28 E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Amoco Pipeline Company Address (Give address to which approved copy of this form is to be sent)
2300 Continental Nat'l Bank Bldg. Ft. Worth, TX
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook Street, Odessa, TX 79762
If well produces oil or liquids, give location of tanks. Unit: D Sec.: 33 Twp.: 17S Rge.: 28E Is gas actually connected? Yes When: 09-17-60

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 Resv. Diff. Resv.
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
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
Post ID-3
11-8-85
Chg Op Name

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 (pitot, 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.
C. L. Hardy
Vice President of Drilling & Production
10-30-85

OIL CONSERVATION DIVISION
OCT 31 1985
APPROVED BY
Original Signed By
Las A. Clements
TITLE Supervisor District 11
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.