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STATE OF NEW MEXICO								
ENERGY MO MINERALS DEPARTMENT		O.	. C. D. SIA, OFFICE			Form C-10 Revised 10		
	OIL CON				N	Format 06- Page 1		
FILE	SANTA I		OX 2088	CO 87501			• • -	
LAND DFFICE								
OPENATION OFFICE REQUEST FOR ALLOWABLE AND AND								
l. Commen								
Petrus Oil Company,				<u> </u>				
12201 Merit Drive, St Reesen(s) for filing (Check proper box)	<u>uite 900 D</u>	allas	, Texas	75251-22 Other (Please				
New Well Recompletion X Change in Ownership	Change in Transporter a Oil Casinghead Gas		Dry Ges Condensete		EFFECTIVE	01-01-87		
If change of ownership give name	· · · · · · · · · · · · · · · · · · ·							
and address of previous owner	Petrus Operatin	g Com	<u>pany, In</u>	c. (Same	e as above)			
II. DESCRIPTION OF WELL AND L	EASE	cluding I	·		Kind of Lease			
Henshaw Deep Unit	Henshaw	•			State, Federal or I	Fee Federal	Lease Na.	
Location Unit Lotter E : 660	Feet From The Wes	+		980	Feet From The	Norll		
211	160		30É	<u> </u>		NOLTH		
Line of Section X Y Tawnshi		ange		, NMPM,	Eddy		County	
III. DESIGNATION OF TRANSPOR	or Condensate	ATURA	L GAS	Give address s	o which approved c	opy of this form is t	o be sensi	
Navajo Refining Co. Pipeline Division				N. Freeman Ave., Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)				
						opy of this form is t ssa, TX 797		
If well produces all or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When C 24 16S 30E Yes 5-26-65								
If this production is commingled with the		•			·····	06-65		
NOTE: Complete Parts IV and V on							14 (ñ - 5	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION							ter	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.					AFR 1 5 198	-	1	
				Orig	inal Signed B	у.		
			TITLE		ike Williams & Gas Inspect	or		
l () (iance with RULE		
Signature)	Suzann Jourdan		l If u	ils is a reque	at for allowable	for a name della	d or deeneed	
Regulatory Coordinator				well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.				
(Tuio) 01-01-87				All sections of this form must be filled out completely for allow- able on new and recompleted wells.				
(Dete)				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.				
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