

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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RECEIVED OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

AUG 27 '87

REQUEST FOR ALLOWABLE
AND

O. C. D.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA, OFFICE

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

I. Operator
Petrus Oil Company, L. P.

Address
12377 Merit Drive, Suite 1600 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)
 Request clearance to move 122 bbls test production from test tanks.
 Atoka 10,374-390

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Henshaw Federal	Well No. 1	Pool Name, including Formation Wildcat - Atoka	Kind of Lease State, Federal or Fee Federal	Lease No. NM-11327
Location Unit Letter N ; 330 Feet From The South Line and 1750 Feet From The West Line of Section 14 Township 16S Range 30E , NMPM, Eddy 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"/> Tesoro Crude Oil	Address (Give address to which approved copy of this form is to be sent) 8700 Tesoro Drive, San Antonio, Texas 78286	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 N Sec. 14 Twp. 16S Rge. 30E	Is gas actually connected? No	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Suzann Jourdan Suzann Jourdan
(Signature)
Regulatory Coordinator
(Title)
August 24, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 4 1987, 19
BY Original Signed By
Les 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 06-12-87	Date Compl. Ready to Prod. W.O.P.L. & Easement	BLM		Total Depth 11,775		P.B.T.D. 10,700			
Elevations (DF, RKB, RT, CR, etc.) 3839.5' KB, 3821.0' GL	Name of Producing Formation Atoka	Top Oil/Gas Pay 10,374		Tubing Depth 10,332					
Perforations 10,374'-10,390'						Depth Casing Shoe 10,700			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8		504		355 Class C				
12-1/4	8-5/8		3113		1635 Lite, 200 Class C				
7-7/8	5-1/2		10,700		1300 Class H				
	2-7/8		10,332						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 08-14-87	Date of Test 08-16-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 2 hrs	Tubing Pressure 1090	Casing Pressure 0	Choke Size 16/64
Actual Prod. During Test 8.8	Oil - Bbls. 106	Water - Bbls. 0	Gas - MCF 1234

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size