

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

Santa Fe	
File	
Transporter	Oil
Operator	Gas

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Petrus Oil Company, L. P.	Well API No.
Address 12377 Merit Drive, Suite 1600 Dallas, Texas 75251	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	
Test after changing perforations in the Delaware zone	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 00	Well No. 2	Pool Name, including Formation Carlsbad - Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-0560291
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 18 Township 21S Range 27E, 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"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 18	Twp. 21S	Rge. 27E	Is gas actually connected? Yes	When?

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
Date Spudded 03-16-89 PB	Date Compl. Ready to Prod. 04-03-89	Total Depth 11,448	P.B.T.D. 3662					
Elevations (DF, RKB, RT, GR, etc.) 3208' GL, 3222' KB	Name of Producing Formation Delaware	Top Oil/Gas Pay 3522	Tubing Depth 3586.5					
Perforations 3522-24', 3535-40', 3543-45', 3549-60', 3608-12', 3619-21'	TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe 11448					
HOLE SIZE 17-1/2	CASING & TUBING SIZE 13-3/8	DEPTH SET 600	SACKS CEMENT 1940					
11	8-5/8	2600	3375					
7-7/8	5-1/2	11448	1350					
	2-7/8	3586.5						

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 Tank 03-26-89	Date of Test 05-23-89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure 30	Choke Size
Actual Prod. During Test	Oil - Bbls. 58	Water - Bbls. 108	Gas - MCF 30

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

VI. OPERATOR 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.

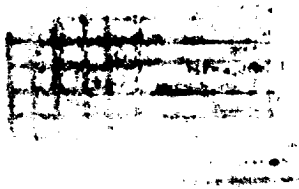
Signature Suzann Welch  
Printed Name Suzann Welch Reg. Coordinator  
Date 05-26-89 Title 214/788-3368  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 14 1989  
By ORIGINAL SIGNED BY  
Title CERTIFYING DISTRICT I

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.



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