

RECEIVED

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUG 21 1989

O. REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS

Operator Petrus Oil Company, L.P.	Well API No.
Address 12377 Merit Drive, Suite 1600, Dallas TX 75251	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: filing retests on well returning to production
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government D A/G-2	Well No. 13	Pool Name, Including Formation E Avalon - Bone Spring	Kind of Lease State, Federal or Fee	Lease No. N, 17075
Location Unit Letter X : 660 Feet From The S Line and 660 Feet From The E Line Section 1 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 TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co	Address (Give address to which approved copy of this form is to be sent) P O Box 2105 Hobbs NM 88240					
If well produces oil or liquids, give location of tanks.	Unit nw 12	Sec. 21S	Twp. 27E	Rge. 27E	Is gas actually connected? yes	When? 5/9/86

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	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		

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 8/9/89	Date of Test 8/17/89	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs	Tubing Pressure 30#	Casing Pressure 30#	Choke Size n/a
Actual Prod. During Test 13	Oil - Bbls. 6	Water - Bbls. 7	Gas - MCF 22

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.

Terri Sloan

Signature Terri Sloan Production Analyst

Printed Name 8-18-89 Title 214-788-3379

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 21 1989

By ORIGINAL SIGNED BY

MIKE WILLIAMS
SUPERVISOR, DISTRICT II

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.