

Form C-104  
Revised 10-1-78

RECEIVED

DEC 26 1984

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Petrus Operating Company, Inc.

Address

12201 Merit Drive, Suite 900 Dallas, Texas 75251

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Condensate ☐

Recompletion ☐

Change in Ownership ☒

Other (Please explain)

If change of ownership give name and address of previous owner Santa Rita Exploration Corp., P. O. Box 798, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name Moonshine 7, Battery #2 Well No. 4 Pool Name, including Formation Twin Lakes-SA Assoc. Kind of Lease State, Federal or Fee Fee Lease No.

Location

Unit Letter KE : 1650 Feet From The North Line and 330 Feet From The West

Line of Section 7 Township 9S Range 29E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) Koch Oil Company P. O. Box 1558, Breckenridge, TX 76024

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) Liquid Energy, Corp. P. O. Box 4000, The Woodlands, Texas 77380

If well produces oil or liquids, give location of tanks. Unit K Sec. 7 Twp. 9S Rge. 29E Is gas actually connected? Yes When 4-29-82

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, CR, 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 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/MCF Gravity of Condensate

Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

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.

Mark D. Kukulak  
(Signature)  
Operations Engineer  
(Title)  
December 20, 1984  
(Date)

OIL CONSERVATION DIVISION  
JAN 9 1985  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed By  
Mike Williams  
TITLE Oil & Gas Inspector

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.