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## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator Petrus Operating Company, Inc.

Address 12201 Merit Drive, Suite 900 Dallas, Texas 75251-2293

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

EFFECTIVE 11-01-86

If change of ownership give name  
and address of previous owner \_\_\_\_\_**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Moonshine 7 Battery 2</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Twin Lakes SA Assoc.</u>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <u>B</u>	: <u>330</u>	Feet From The <u>N</u>	Line and <u>2310</u>	Feet From The <u>E</u>
Line of Section <u>7</u>	Township <u>9S</u>	Range <u>29E</u>	, NMPM, Chaves County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corporation</u>	<u>P. O. Box 3119 Midland, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Pelto Oil Company</u>	<u>One Allen Center, Ste 1800, Houston, TX 77002</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
<u>Unit K</u>	<u>Yes</u> <u>4-29-82</u>
<u>Sec. 7</u>	<u>Post FD-3</u>
<u>Twp. 9S</u>	<u>2-6-87</u>
<u>Reg. 29E</u>	

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)

11-15-86  
(Date)

## OIL CONSERVATION DIVISION

JAN 30 1987

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Original Signed By  
Mike WilliamsTITLE 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.