

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 1

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 75251-2293
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas
☐ Recompletion ☒ Casinghead Gas ☐ Condensate
☐ Change in Ownership
Other (Please explain)
EFFECTIVE 11-01-86
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|------------------------------|--|--|------------------|
| <u>Lease Name</u> <u>Moonshine 7 Battery 2</u> | <u>Well No.</u> <u>14</u> | <u>Pool Name, including Formation</u> <u>Twin Lakes SA Assoc.</u> | <u>Kind of Lease</u> <u>State, Federal or Fee</u> | <u>Lease No.</u> |
| <u>Location</u> <u>Unit Letter</u> <u>P</u> : <u>990</u> Feet From The <u>E</u> Line and <u>990</u> Feet From The <u>S</u> <u>Line of Section</u> <u>7</u> <u>Township</u> <u>9S</u> <u>Range</u> <u>29E</u> <u>NMPM</u> <u>Chaves</u> <u>County</u> | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|---|
| <u>Name of Authorized Transporter of Oil</u> <input checked="" type="checkbox"/> <u>Permian Corporation</u> <u>or Condensate</u> <input type="checkbox"/> | <u>Address (Give address to which approved copy of this form is to be sent)</u> <u>P. O. Box 3119 Midland, TX 79702</u> |
| <u>Name of Authorized Transporter of Casinghead Gas</u> <input checked="" type="checkbox"/> <u>Pelto Oil Company</u> <u>or Dry Gas</u> <input type="checkbox"/> | <u>Address (Give address to which approved copy of this form is to be sent)</u> <u>One Allen Center, Ste 1800, Houston, TX 77002</u> |
| <u>If well produces oil or liquids, give location of tanks.</u> <u>Unit</u> <u>15</u> <u>Sec.</u> <u>-</u> <u>Twp.</u> <u>9S</u> <u>Rge.</u> <u>29E</u> | <u>Is gas actually connected?</u> <u>Yes</u> <u>when</u> <u>9-2-82</u> <u>Post ID?</u> <u>2-13-87</u> <u>chg GT: LEC</u> |

If this production is commingled with that from any other lease or pool, give commingling order number: 2-13-87

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

APPROVED FEB 12 1987
BY Original Signed By
John L. C. Smith
TITLE Superintendent

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.