

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTForm C-104  
Revised 10-1-78

## OIL CONSERVATION DIVISION

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PRODUCTION OFFICE	

RECEIVED BY	P. O. BOX 2088
SANTA FE, NEW MEXICO 87501	
FEB 25 1985	
O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	

I. Operator  
PETRUS OPERATING COMPANY, INC. ✓

Address  
12201 Merit Drive, Suite 900 Dallas, TX 75251

Reason(s) for filing (Check proper box)

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

Effective 3-1-85

If change of ownership give name and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Moonshine 18	Well No. 3	Pool Name, Including Formation Twin Lakes SA Assoc.	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u>					
Line of Section <u>18</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119 Midland, TX 79702				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Liquid Energy, Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4000, The Woodlands, TX 77380				
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. 18	Twp. 9S	Rge. 29E	Is gas actually connected? When YES 2-23-83

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			
					Post TD-3			
					2-1-85			
					64, 17, KCC			

## 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

## 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 above is true and complete to the best of my knowledge and belief.

S. L. JOURDAN  
(Signature)  
PRODUCTION ANALYST  
(Title)  
FEBRUARY 21, 1985  
(Date)

## OIL CONSERVATION DIVISION

FEB 28 1985

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

BY \_\_\_\_\_  
Lesha A. ClementsTITLE \_\_\_\_\_  
Supervisor District II

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.