

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED  
DEC 26 1984  
O. C. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR  
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:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
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 18 Well No.: 4 Pool Name, including Formation: Twin Lakes SA Assoc. Kind of Lease: State, Federal or Fee Fee Lease No.:  
Location  
Unit Letter: KD; 330 Feet From The North Line and 330 Feet From The West  
Line of Section: 18 Township: 9S Range: 29E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Koch Oil Company Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1558, Breckenridge, TX 76024  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Liquid Energy, Corp. Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 4000, The Woodlands, Texas 77380  
If well produces oil or liquids, give location of tanks. Unit: 18 Sec.: 9S Twp.: 29E Rge.: 29E Is gas actually connected? YES When: 2-23-83

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 lost 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 (piston, 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 B. Sullivan  
(Signature)  
Operations Engineer  
(Title)  
December 20, 1984  
(Date)

OIL CONSERVATION DIVISION  
APPROVED JAN 9 1985  
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.