

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST 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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Have 2335 Barrels of oil to be moved as soon as this is approved.	

If change of ownership give name
and address of previous ownerCASINGHEAD GAS MUST NOT BE
FLARED AFTER 2/1/85UNLESS AN EXCEPTION TO R-4070
IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Bagley - Atoka R-4070

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	State	Lease No.
State "A"	1	Bagley (Atoka)	State, Federal or Fee	State	V-983
Location					
Unit Letter K ; 1874 Feet From The South Line and 1874 Feet From The West					
Line of Section 34 Township 11 S Range 33 E , NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)					
UPG, Inc.	P. O. Box 4658, Houston, Texas 77210-4658					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	34	11S	33E	No	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
10-09-84	11-30-84		10,435		11,420				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
4277' RKB 4255.5'	GL Atoka		10,371		10,262				
Perforations					Depth Casing Shoe				
10,371 - 10,381'					10,435'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2		13-3/8" 54.5#		452'		450 sacks			
11		8-5/8" 32#		3863'		1600 sacks & 200 sacks			
7-7/8		5-1/2" 17#		10,435'		215 sacks & 553 sacks			

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.)	
11-30-84	12-2-84	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
47.5 hours	830	0	20/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	472.2	0	656

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.

C. L. Hardy

Drilling & Production Manager

12-17-84

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

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.

INCLINATION REPORT

(One Copy Must Be Filed With Each Completion Report.)

1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME	6. RRC District
Bagley (Atoka)	State "A"	Hobbs
3. OPERATOR		7. RRC Lease Number. (Oil completions only)
Petrus Operating Company, Inc.		V-983
4. ADDRESS		8. Well Number
12201 Merit Drive, Suite 900		#1
5. LOCATION (Section, Block, and Survey)		9. RRC Identification Number (Gas completions only)
Dallas, Tx. 75251		
		10. County
		Lea County, N.M.

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
450	450	$\frac{1}{2}$	0.44	1.98	1.98
940	490	1	1.75	8.58	10.56
1401	461	1	1.75	8.07	18.63
1850	449	1	1.75	7.86	26.49
2301	451	$1\frac{1}{2}$	2.62	11.82	38.31
2562	261	1	1.75	4.57	42.88
2940	378	$3/4$	1.31	4.95	47.83
3233	293	$1\frac{1}{2}$	2.18	6.39	54.22
3673	440	$1\frac{1}{2}$	2.18	9.59	63.81
3860	187	$\frac{1}{2}$	0.87	1.63	65.44
4353	493	0	0	0	65.44
4854	501	$\frac{1}{2}$	0.87	4.36	69.80
5324	470	$3/4$	1.31	6.16	75.96
5836	512	$\frac{1}{2}$	0.87	4.45	80.41
6305	469	$\frac{1}{2}$	0.87	4.08	84.49
6779	474	$3/4$	1.31	6.21	90.70

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☒ yes ☐ no
18. Accumulative total displacement of well bore at total depth of 10,430 feet = 141.68 feet.
- *19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☐ Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? _____
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.

Signature of Authorized Representative

Shelby Henley-President

Name of Person and Title (type or print)

Henley Drilling Company

Name of Company

Telephone: 214 749-0847

Area Code

OPERATOR CERTIFICATION

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.

Signature of Authorized Representative

C. L. Hardy, Drilling & Production Manager

Name of Person and Title (type or print)

Petrus Operating Company, Inc.

Operator

Telephone: 214 387-0599

Area Code

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.

James H. Pearson
Commissioner, Railroad Commission

RECORD OF INCLINATION (Continued from reverse side)

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
7212	433	3/4	1.31	5.67	96.37
8164	952	3/4	1.31	12.47	108.84
8362	198	3/4	1.31	2.59	111.43
8677	315	3/4	1.31	4.13	115.56
9105	428	3/4	1.31	5.61	121.17
9605	500	3/4	1.31	6.55	127.72
9660	55	3/4	0.87	0.48	128.20
10430	770	1	1.75	13.48	141.68

☐ If additional space is needed, attach separate sheet and check here.

REMARKS:

- INSTRUCTIONS -

An inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when, as a result of any operation, the course of the well is changed. No inclination survey is required on wells that are drilled and completed as dry holes that are plugged and abandoned. (Inclination surveys are required on re-entry of abandoned wells.) Inclination surveys must be made in accordance with the provisions of Statewide Rule 11.

This report shall be filed in the District Office of the Commission for the district in which the well is drilled, by attaching one copy to each appropriate completion for the well. (except Plugging Report)

The Commission may require the submittal of the original charts, graphs, or discs, resulting from the surveys.

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