Subrait 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	T	O TRAN	SPORT OIL	AND NA	TURAL GA					
Operator					Well API No.					
PETRUS OIL COMPANY	, L.P.									
Address				=====						
12377 Merit Drive,	STE. 1	600, Da	allas, Tex			3_1				
Reason(s) for Filing (Check proper box)		~: :- T-			et (Please expla	un)			·	
New Well Recompletion	Oil	~—	ansporter of:							
Change in Operator	Casinghead	_	ondensate							
If change of operator give name										
and address of previous operator Mob	oil Prod	lucing T	<u>Cexas & Ne</u>	<u>w Mexico</u>	Inc. (E	ffectiv	e date 7	<u>/-1-89)</u>		
II. DESCRIPTION OF WELL	AND LEA	SE				•				
ease Name Well No. Pool Name, including					ng Formation 1			d of Lease No.		
Humphrey Queen Unit	ey Queen Unit 10 Langlie Mattix					State,	Federal or Fee)		
Location	-			LLIA / N	TACEP AR	CGH		•		
Unit Letter G	: 165	0 F	eet From The N	orth Lim	and 165	0 _{Fe}	et From The _	East	Line	
Section 3 Township	25-	·S R	ange 37-	E, N	ИРМ ,		Le	a	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Mobil Oil Company Address (Give address to which approved copy of this form is to be sent)										
Mobil Oil Company Shed	P. 0.	O. Box 900, Dallas, TX 75221								
Name of Authorized Transporter of Casinghead Gas \mathcal{J} \overline{X} or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company If well produces oil or liquids, Unit Sec. Twp. Rge.				Box 1492, E1 Paso, TX 79978 Is gas actually connected? When?						
give location of tanks.						:				
If this production is commingled with that f	F & K L			Yes		<u> </u>	known			
IV. COMPLETION DATA	iom any out	. iceae or po	or, give continue.	ing order north	———	.				
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	i ·	i	İ		,, 				
Date Spudded	Date Compl	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
				<u> </u>						
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	nation	Top Oil/Gas	Pay		Tubing Dept	Tubing Depth		
Perforations					Depth Casing Shoe					
	TUBING, CASING AND					<u>D</u>	<u> </u>			
HOLE SIZE	CAS	ING & TUB	ING SIZE	DEPTH SET			SACKS CEMENT			
-	•								· · · · · · · · · · · · · · · · · · ·	
						· · · · · · · · · · · · · · · · · · ·	 			
V. TEST DATA AND REQUES	T FOR A	LLOWAE	BLE	1						
OIL WELL (Test must be after re				be equal to or	exceed top allo	wable for thi	depth or be f	or full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test				thod (Flow, pu					
Length of Test Tubing Pressure				Casing Pressure			Choke Size			
ctual Prod. During Test Oil - Bbls.			Water - Bbls.			Gas- MCF				
	<u></u>						<u> </u>			
GAS WELL										
Actual Prod. Test - MCF/D	Length of T	est		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size			
		-								
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE					B " " O O		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JUL 1 0 1989					
is true and complete to the best of my k	nowieage and	a Dellel.		Date	Approve	d				
Da. mall					• •				YTOM"	
Signature / W. Laugh					0	RIGINAL S	IGNED BY	TENKI 9E)	AIVIT	
Signature Dora McGough Regulatory Coordinator					-	DIST	RICT I SUP	EKAIDOK		
Printed Name	<u> </u>		ïtle	Title						
June 30,1989	21	4/788 <mark>-</mark> 3		II TILLE						
Date			one No.	11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.