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

Operator		10 111/	7140	<u>, Oi i</u>	1 010	- AND NA	TUNALG		. 50. 51			
PETRUS OIL COMPAN	Y T P							Well	API No.			
Address		1600	D - 1	1		7505						
Reason(s) for Filing (Check proper box)	, SIE.	1600,	рат	ias,	Tex		er (Please exp	lain)		·		
New Well		Change in	. Ton	rander.	af.		ioi (i ieuse expi	<i></i>				
		Change	٦.		GI:							
Recompletion	Oil		Dry									
Change in Operator X	Casinghead	d Gas	Con	densate						····		
If change of operator give name and address of previous operator Mol	bil Pro	ducing	<u>Te</u>	xas	& Ne	w Mexic	o Inc. (Effectiv	e date	7-1-89)		
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name Well No. Pool Name, Includ						ing Formation			Kind of Lease No.			
Humphrey Queen Unit 24 Langlie Ma						ttix 7 Rivers Queen			State, Federal or Fee			
Unit LetterO	_ :9	90	_ Feet	From T	The	South Lin	e and16	550 F	et From The	East	Line	
Section 3 Township	25-	-S	Rang	ge .	37-E	, N	мрм,		Le	ea	County	
III DESIGNATION OF TRAN	SPODTE!	POFO	TT A	ND N	! A TT !!	DAL CAS					county	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU 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 Shell Pypeline						· · · · · · · · · · · · · · · · · · ·						
Name of Authorized Transporter of Casing	thead Gas	W.	or D	ry Cae		P. O. Box 900, Dallas, TX 75771						
						Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79978					ent)	
If well produces oil or liquids.	Paso Natural Gas Company					Box 14	<u>92. El P</u>					
give location of tanks.								n ?				
If this amphatian is sometimeled with the	F&K	3			37E	<u> Үе</u>		<u> </u>	known			
If this production is commingled with that in IV. COMPLETION DATA	rom any oute	r lease or	рооі,	give cor	mmingi	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well	1	Gas V	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	l. Ready to	Prod	•		Total Depth	I	<u>1</u>	P.B.T.D.	<u>. </u>		
Elevations (DF, RKB, RT, GR, etc.)	ns (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations									D. I. G. i. G.			
A CIT OT MAY CUS									Depth Casin	g Shoe		
TUBING, CASING AND												
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEM	ENT	
	•											
				_								
V. TEST DATA AND REQUES												
OIL WELL (Test must be after re			of loa	d oil an	d must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	l .				Producing Me	thod (Flow, pu	ımp, gas lift, e	tc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
10.10	ng Test Oil - Bbls.								0.000			
Actual Prod. During Test					Water - Bbls.			Gas- MCF				
GAS WELL												
Actual Prod. Test - MCF/D	1 c T				- 1	Dil. C.	20/00					
Actual Flore Test - MICE/D	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)							
resulting Metalous (place, back pr.)	Tubing Pressure (Shut-in)					Casing Pressu	ire (Shut-in)		Choke Size			
VI OPERATOR CERTIFIC	ATE OF	COM	T T A	NCE	-				L			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					(JII CON	ISERV	I NOITA	DIVISIO	M		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION						
is true and complete to the best of my mowledge and belief.						Data Approved JUL 1 0 1989						
						Date	Approve	d		- 100		
Wara Mc Taugh						By_				Y JERRY S		
Signature Dora McGough Regulatory Coordinator Printed Name Title					Бу —				PERVISOR			
June 30,1989 214/788-3378						Title.		<u>.</u>				
Date		Tele	phone	No.								

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.

Supplied to the supplied of th

and the asset of the second second second

RECEIVED

JUL 3 1989

OCD HOBBS OFFICE