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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator		10 111/2	"10	JI OITI OIL	אווט ווא	TOTIAL GA		API No.			
PETRUS OIL COMPANY, L.P.								THE PART AND			
Address	L, Liete						1				
12377 Merit Drive	STE	1600	Dal	llac Toy	7525	1					
Reason(s) for Filing (Check proper box)	, JIL.	1000,	Dai	ilas, lex		et (Please expl	?i=)				
New Weii		Change in	Tran	isporter of:		or (1 rease expir					
Recompletion	Oil			Gas 🗆							
Change in Operator	Casinghead	i Gas 🗍	_	idensate							
If change of operator give name	If change of operator give name and address of previous operator  Mobil Producing Texas & New Mexico Inc. (Effective date 7-1-89)										
and address of previous operator Mol	oil Prod	ducing	<u>T</u> €	exas & Ne	w Mexico	o Inc. (E	Effectiv	<u>re date</u>	<u>7-1-89)</u>		
II. DESCRIPTION OF WELL AND LEASE											
Lease Name Well No. Pool Name, Including						ng Formation			L	ease No.	
Humphrey Ougen Unit 25 Langlie Ma					- ++: 7 E	State	State Federal or Fee				
Humphrey Queen Unit 25 Langlie Mattix 7 Rivers Queen Location 990											
Unit Letter P		50	Fee	t From The	South Lin	e and 990	· F	et From The	East	Line	
							•			Luc	
Section 3 Township	25-	-S	Ran	ge 37-E	, N	MPM,		Le	ea	County	
III. DESIGNATION OF TRAN	SPORTE			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 Pepelene						P. O. Bux 900, Dallas, TX 75221					
Name of Authorized Transporter of Casinghead Gas U x or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Cou If well produces oil or liquids,	1 Paso Natural Gas Company					Box 1492, El Paso, TX 79978					
give location of tanks.	Unit Sec. Twp. Rge.			1			nen ?				
f this production is commingled with that from any other lease or pool, give comming					Yes line order weeken			known			
IV. COMPLETION DATA	ioni any one	cea 0:	, ,	give continuing	ing order nam				<del></del>		
	<u>_</u>	Oil Well		Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	·i				i Supil	i ing back	Same Res	I Est	
Date Spudded	Date Comp	l. Ready to	Proc	i.	Total Depth	ı		P.B.T.D.	l		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	g Shoe		
TUBING, CASING AND											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<u> </u>				,						
								<del> </del>			
V. TEST DATA AND REQUES	T FOR A	LLOW	ARI	F				l	· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after re					he equal to or	exceed top allo	wahle for thi	e denth or he	for full 24 hour	)	
Date First New Oil Run To Tank	Date of Test		-,						07 144 24 11042	3./	
Date First New Oil Run To Tank  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 - Bbis.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				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 CERTIFICA	ATE OF	COMP	TIA	NCF				L			
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					υυ 4 Λ 1000						
is true and complete to the best of my knowledge and belief.					Date Approved						
10 a Sha 4											
Nova McClaugh					ر.و	ORIGINAL SIGNED BY JEKRY SEXTON  By DISTRICT I SUPERVISOR					
Signature Dora McGough Regulatory Coordinator					∥ By_		DIS	IKILI I PH	1 mart 10 (		
Dora McGough Regulatory Coordinator Printed Name Title					<b></b>						
June 30,1989	21	4/788-			Title						
Date	<u>-</u> -			e No.							
					LL						

## 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.