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Appropriate District Office
DISTRICT 1
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>.                                    </u>		O THAN	1SPC	OH TOIL	AND NA	FURAL GA						
Operator PETRUS OIL COMPANY, L.P.									Well API No. 30-025-11517			
Address	<u>, L</u>	·						<u> </u>	<u>~3 -11</u>	>'/		
12377 Merit Drive,	STE. 1	600, D	alla	s, Tex	as 75251							
Reason(s) for Filing (Check proper box)		~	,		Othe	t (Please expla	in)					
New Well  Recompletion	Oil	Change in T	ranspor Dry Gan									
Change in Operator X	Casinghead	_	Condeni	_								
f change of operator give name					<del></del>			<del></del>		<del></del>		
and address of previous operatorMob	il Prod	ucing	<u>Texa</u>	ıs & Ne	<u>w Mexico</u>	Inc. (E	Effectiv	<u>re date</u>	<u>7-1-89)</u>	······		
II. DESCRIPTION OF WELL A	AND LEA	SE										
Lease Name Well No. Pool Name, Including Fo									Kind of Lease No.  State, Federal of Fee			
<u> Langlie Mattix Queen U</u> Location	nit	6 !	lang	lie Ma	ttix 7 R	<del>ivers Qu</del>	een	Teachar of Fe	<u> </u>	<del></del>		
_	. 10	۹۸ ۰		<b>~</b> 1	Fnat *:	. 61	60 -		Can+	h		
Unit Letter 0 : 1980 Feet From The E.						ast Line and 660 Feet From The South Line						
Section 10 Township	25-	S ,	Range	37-	-E , <b>N</b> i	ирм,		Le	a.	County		
THE DECICAL FIGNION OF TRANS	roonere Constant			D 314 mm								
III. DESIGNATION OF TRANS Name, of Authorized Transporter of Oil		or Condens		D NATU		e address to wi	uch approved	come of this f	orm is to be i	ent)		
Mobil Oil Company	X '		1							,		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						P. O. Box 900, Dallas, TX 75221  Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas Company					Box 1492, El Paso, TX 79978							
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   G   15   25S   37E						_					
If this production is commingled with that f	<b>├</b> ─ॅ─-				ing order sum				<u> 5/4/49</u>	<del></del>		
IV. COMPLETION DATA	iom any one	i lease of po	.o., g.v.	e community	ing order name	Æ1						
During To A.C. Lai	an.	Oil Well	0	Zas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		L			Total Depth	l		1	<u> </u>	_i		
Date Spudded	Date Compl	Date Compl. Ready to Prod.						P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	mation	<del></del>	Top Oil Gas Pay			: Tubing Dep						
, , , , , , , , , , , , , , , , , , , ,						·		i rubing Dep	· ·			
Perforations		<u> </u>						Depth Casin	ig Shoe			
<del></del>								<u> </u>		<del></del>		
11015 0175	TUBING, CASING AND				CEMENTI	D						
HOLE SIZE	CASING & TUBING SIZE				!		SACKS CEMENT					
							<del></del>	<del>`</del>		·		
								<del>†                                    </del>				
V. TEST DATA AND REQUES OIL WELL Test must be after re				مريب ادماد الت	he secol to see							
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		ioda c	u ana musi					for full 24 hos	urs.)		
	Producing Method (Flow, pionp, gas lift, etc.)											
Length of Test	th of Test Tubing Pressure					ire	-	Choke Size				
Actual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF				
GAS WELL	1						· · · .	<u> </u>		-		
Actual Prod. Test - MCF/D	Length of T	est		<del></del>	Bbls. Conden	SIE/MMCF		Gravity of	Condensia			
								Gravity of Condensate				
Testing Method (puot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
	<u>L</u>				ļ				<del></del>			
VI. OPERATOR CERTIFIC				<b>ICE</b>	' /		ICEDY	ATION	DIV/101			
I hereby certify that the rules and regular Division have been complied with and						DIL CON	NOEU A					
is true and complete to the best of my i			- 400 VE	•		A	اس	JUL	D 7 198	้อ		
$\left(\right)$	,				Date	Approve				<del></del>		
Nora Ma Janah					By Eddie W. Seay							
Signature Dora McCough Regulatory Coordinator					Oil & Gas Inspector							
Printed Name	uratory		inat Tide	U L	77.41.		Oll or		•			
June 30,1989	21	4/788-		<u> </u>	Title							
Date			hone N		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.

Marie Marie Contraction

RECEIVED

JUL 3 1989

OCD HOBBS OFFICE