Submit 5 Copies
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

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

I.			R ALLOWAE						
Operator PETRUS OIL COMPANY						Well	API No. 30-02	25-116	-88
Address 12377 Merit Drive, Reason(s) for Filing (Check proper box)			allas, Tex		l ner (Please expla				
New Well Recompletion Change in Operator	Oil Casinghea		ransporter of: Dry Gas		et (Flease expla	in)			
f change of operator give name and address of previous operator Mot	oil Pro	ducing	Texas & Ne	w Mexic	o Inc. (E	Effectiv	e date	7-1-89)	
II. DESCRIPTION OF WELL Lease Name Langlie Mattix Oueen U		Well No.	Pool Name, Includi	-		State	of Lease Federal or Fe		ease No.
Location Unit Letter G	:16		Langlie Ma			50	et From The	East	Line
Section 22 Township	25	-S F	Range 37-E	, N	МРМ,		Le	a	County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		R OF OIL			ve address to wh	ich annemed	come of this f	orm is to be se	t)
whell fipeline	X			1		• •			nu)
Name of Authorized Transporter of Casing	thead Gae		Der Con	P O	Box 900,	Dalles,	TX 752	21	
•	=	\Box	or Dry Gas	i .	ve address to wh			orm is to be se	nt)
El Paso Natural Gas Cor If well produces oil or liquids,		Sec. 12	Day I Bay		92. El Pa	1			
rive location of tanks.	Unit	Sec. 1	Nwp. Rge. 25-S 37-E	1 -	ly connected?	When	?		
(f this amplication is commissed with these				<u> Т. Хе</u>			=	10/29/7	
If this production is commingled with that to IV. COMPLETION DATA	from any our	er lease or po	ooi, give commingi	ung order num	iber:				
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Comp	oi. Ready to F	Prod.	Total Depth			P.B.T.D.	·	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay Tubing Depth		-				
Perforations			Depth Casing Shoe						
	Т	UBING, C	CASING AND	CEMENT	NG RECOR	D	·		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		5	SACKS CEMENT			
					· ·				
V. TEST DATA AND REQUES OIL WELL (Test must be after re				be equal to o	r exceed top allo	wable for thi	s depth or be j	for full 24 hour	·3.)
Date First New Oil Run To Tank	Date of Te	s	·	Producing M	lethod (Flow, pu	emp, gas lift, e	tc.)	· ,	
Length of Test	Tubing Pre	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF				
GAS WELL					· · · · · · · · · · · · · · · · · · ·		1		
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Conde	nsate/MMCF		Gravity of C	Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and reguli	ations of the	Oil Conserva	ition	(OIL CON	ISERV	ATION	DIVISIO	N
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date ApprovedJUL 1 () 1989					
Signature McLaugh				By DISTRICT SUPERVISOR					
Dora McGough Regulatory Coordinator Printed Name Title				Title			or i bulle r	VISOR —	
June 30,1989 Date	21	4/788-; Telepi	3378 hone No.	IIIIE					

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.

RECEIVED

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> JUL 3 1989 OCD HOBBS OFFICE

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DISTRIBUTIO	DN D	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
I HANSFORTER	GAS	
OPERATOR		

	SANTA FE	HEW MEXICO OIL CO	Form C-104 Supersedes Old C-104 and C-110					
	FILE		AND					
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS				
	LAND OFFICE	ASTRONOLATION TO TRANSPORT OF AND PATORAL GAS						
	TRANSPORTER OIL							
	GAS							
	OPERATOR PROPATION OFFICE			•				
I.	Operator							
	Mobil Producing Texas	& New Mexico Inc.						
	Address							
		te 2700, Houston, TX 77						
	Reason(s) for filing (Check proper box)		Other (Please explain)					
	New Well	Change in Transporter of: Oil Dry Ga:		tor name from Mobil Oil				
	Recompletion Oil Dry Gas Corporation. Change in Ownership Casinghead Gas Condensate (Effective Date: 1-1-1980)							
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND I	Weil No. Pool Name, Including Fo	ormation Kind of Lease	The state of the s				
	Legse Name	1 1	· · · · · · · · · · · · · · · · · · ·					
	Langlie Mattix Queen Unit 40 Langlie Mattix 7 Rivers Queen State, Federal or Fee Fee							
	2 165	O Feet From The North Line	e and 1650 Feet From T	he East				
			37-E	Lea				
	Line of Section Tow	25-S mship Range	, NMPM,	County				
			_					
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)				
	Shell Pipeline Corp		Box 2648 Houston,					
	Name of Authorized Transporter of Cas	inghead Gas Ty or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)				
	El Paso Natural Gas Co		Box 1492 El Paso,	TX 79978				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	1s gas actually connected? Whe	1				
	give location of tanks.	G 15 25-S 37-E	Yes	10-29-71				
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	,				
IV.	COMPLETION DATA	Oil Well Gas Well	New Wail Workover Deepen	Plug Back Same Resty. Diff. Resty.				
	Designate Type of Completio	n = (X)						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Perforations		1	Depth Casing Shoe				
	, , , , , , , , , , , , , , , , , , , ,							
		TUBING, CASING, AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
		1						
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-				
٧.	OIL WELL	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas lif	_				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas 11)	6:0:/				
		Tubing Pressure	Casing Pressure	Choke Size				
	Length of Test							
	Actual Prod. During Test	Oti-Bbis.	Water - Bble.	Gas - MCF				
			<u> </u>					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. 1981-MCF/D							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
				<u> </u>				
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION				
			APPROVED Orig. Signed by BY Lerry Sexton Dist 1. Sups.					
	I hereby certify that the rules and to Commission have been complied to	regulations of the Oil Conservation						
	above is true and complete to the	best of my knowledge and belief.						
	4	7	This form is to be filed in compliance with RULE 1104.					
	$\mathcal{A}\mathcal{D}_{1}$	ke to	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, the supplier of transporter or other such change of condition.					
	(Sign	ature)						
	Authorized	Agent						
	(Ti	ile)						
	October 31							
	(De	2(e)	Separate Forms C-104 mus	t be filed for each pool in multiply				
			* **					