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

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

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION										
I		TO TRANSPORT OIL AND NATURAL GAS									
Operator PETRUS OIL COMPANY	y r p					Well	API No.				
Address						l .					
Reason(s) for Filing (Check proper box)	, STE. 16	500,	Dallas,	Tex	as 75251 Other (Please exp	olain)					
New Well	С	hange in	Transporter of	f:	۰	··-·· ,					
Recompletion	Oil		Dry Gas								
Change in Operator X	Casinghead (Jas	Condensate			 					
If change of operator give name and address of previous operator Mol	oil Produ	ucing	Texas 8	Ne	w Mexico Inc. (Effecti	ve date	7-1-89)			
II. DESCRIPTION OF WELL	AND LEAS	iΕ									
Lease Name	Well No. Pool Name, Including			ng Formation	of Lease	of Lease No. Federal of Fee					
Humphrey Queen Unit		14	Langlie	Ма	ttix 7 Rivers Q	ueen	Taxa of Te				
Unit Letter I	: 467	7	Feet From Th	ne <u>E</u>	ast Line and 22	30 F	eet From The	South	1 Line		
Section 4 Township	• 0= 6	,	Pance 0	7 17	, NMPM,		Le	2.2	Canata		
Section 4 Township	P. 25-S	.	Range 3	7-E	, INITIAL,			za	County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OI		ATU	RAL GAS Address (Give address to)	ubiah annana	d a ame of this	form in to be a			
يو ان	El felpe				1				eni)		
Name of Authorized Transporter of Casing		X	or Dry Gas [P. O. Box 900 Address (Give address to	vhich approve	copy of this	form is to be s	ent)		
El Paso Natural Gas Com	npany		<u></u>		Box 1492, El 1	Paso, TX	79978				
If well produces oil or liquids, give location of tanks.	Unit Se F&K	ec.	Twp. 25S 3	Rge. 7E	Is gas actually connected?	When		3/20/6	ξQ		
If this production is commingled with that	+		<u>'</u> -		Yes			3/20/0			
IV. COMPLETION DATA			pool, g . 10 co			·					
Designate Type of Completion		Oil Well	Gas W	ell	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl.	Ready to	Prod.		Total Depth	_	P.B.T.D.	<u> </u>	1		
<u> </u>											
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay	Tubing Depth						
Perforations						Depth Casing Shoe					
	777.1	DDIC	CASDIC	NTD.	CEL CEL TOPLO DE CO						
HOLE SIZE			CASING A	מאז	CEMENTING RECO			SACKS CEM	FNT		
11000 0.22	CASING & TOBING SIZE			52. 111 52		ONONO GENERAL					
· · · · · · · · · · · · · · · · · · ·	 						 				
V. TEST DATA AND REQUES	T FOR AL	LOWA	BLE		<u></u>			 			
_				must	be equal to or exceed top at	llowable for th	is depth or be	for full 24 hou	ors.)		
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, p	ownp, gas lift,	etc.)				
Length of Test	Tubing Pressure				Casing Pressure	Choke Size	Choke Size				
					C. MCF						
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	Gas- MCF	Gas- MCr					
GAS WELL							<u> </u>				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF	Gravity of G	Gravity of Condensate				
Tarring Mathod (sites head as)	Tuking Program (Charles)			Casing Danger (Short in)	Oboka Siza	Choke Size					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size					
VI. OPERATOR CERTIFIC	ATE OF C	OMP	LIANCE								
I hereby certify that the rules and regula					OIL CO	NSERV	AJJON	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.							JUL	1 / 136	39		
					Date Approve	ed		· - · · ·			
Don mcla	ugh		<u>_</u> _	_	D.	OPIGINA	I SIGNER I	BY JERRY S	EYTON		
Signature Dora McGough Reg	∬ u <u>lat</u> ory (Coord	inator		Ву			UPERVISOR			
Printed Name			Title	_	Title						
June 30,1989 Date	214	<u>/ 788-</u> Teler	3378 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.