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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		OTRA	NSP	ORT OIL	ANU NA	TURAL G		THE NI.			
								0-025-23300			
Address		0 0-1	1	Toyas	75251						
12377 Merit Drive, St Reason(s) for Filing (Check proper box)	te. Ibu	U, Dai	145,	1EXas	/5251 ☐ Oth	et (Please expl	ain)				
New Well	Oil	Change in	Transpo Dry Ge								
Recompletion Change in Operator	Casinghead	i G≃s 🔲	Conde								
If change of operator give name and address of previous operator	rus Oil	Compa	iny,	L. P.,1	2377 Me	rit Driv	e, Ste.	1600, D	allas, I	Texas 7525	
II. DESCRIPTION OF WELL	AND LEA	SE			Effectiv	e 1/01/9	0				
Lease Name Langlie Mattix Queer		Well No.	Pool N Lan	eme, lectudi glie Ma	ng Formation attix 7	Rivers Q		of Lease Federal or Fe		sase No.	
Location Unit Letter	<u>a</u> 5	30	. Feet Fr	om The <u>N</u>	orth Lis	and al	00_ Fe	et From The .	East	Line	
Section 2 Township	25-S		Range	37-E	, N	ирм,	Lea		····	County	
III. DESIGNATION OF TRAN				D NATU							
Name of Authorized Transporter of Oil Not applicable - Wa	سایا	or Conde	١.	Flell	Address (Giv	e address to wi	hich approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Casing	Gas	Address (Give address to which approved copy of this form is to be sent)									
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	a. Is gas actually connected? When ?						
If this production is commingled with that f	rom any othe	er lease or	pool, giv	e comming	ing order num	Dec:					
IV. COMPLETION DATA	<u>~</u>	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	i. Ready to	o Prod.	·	Total Depth	L		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
Perforations					1	<u> </u>		Depth Casis	ng Shoe		
	T	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D .	1			
HOLE SIZE	CAS	ING & TI	JBING S	SIZE		DEPTH SET			SACKS CEMENT		
				_							
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		1			1			
OIL WELL (Test must be after no Date First New Oil Run To Tank	Date of Tes		of load	oil and must		exceed top all those (Flow, pr			for full 24 hou	rs.)	
Date Fire New On Run 10 1ans	ew Oil Ruis 10 1 ank Date of 1 est										
ength of Test Tubing Pressure				Casing Press	11.e		Choke Size				
Actual Prod. During Test	od. During Test Oil - Bbls.				Water - Bbis			Gas- MCF			
GAS WELL	1				<u> </u>						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	sate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ure (Shut-12)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE			JOEDY (ATION	חואוכוכ		
I hereby certify that the rules and regul Division have been complied with and	ations of the	Oil Conse	rvation		'	JIL COI	NOER V		B 13 1		
is true and complete to the best of my					Date	Approve	ed	TE	D T 9 (
Mara Mas	ough								V CEVTAL	ı	
Signature Dora McGough Regulatory Analyst Printed Name Title						By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name January 8, 1990	214/788)		Title				·		
Date		Tel	ephone l	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.

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JAN 22 1990

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P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

• •		O TRAN	<u>SPO</u>	RT OIL	AND NA	URAL GA		Tr NI			
Operator	rator							PI No.	5-23	344	
PETRUS OIL COMPA	NY, L.P.						لري. ا	U-UX	J - 200	<i>70</i> 0	
Address 12377 Merit Driv	- STE 1	600. D	a11a	s. Tex	as 7525	i					
Reason(s) for Filing (Check proper box)	<u> </u>		<u> </u>		Othe	t (Please expla	in)				
vew Well	(hange in Tr	•	$\overline{}$							
Recompletion	Oil		ry Gas								
Change in Operator	Casinghead		ondens								
change of operator give name ad address of previous operator Mo	<u>bil Produ</u>	icing T	<u>exas</u>	& Nev	<u>Mexico</u>	Inc. (E	ffective	e date 7	-1-89)		
I. DESCRIPTION OF WELL	AND LEAS	SE									
Lease Name Well No. Pool Name, Includ					ng Formation	,		of Lease Lease No.			
Langlie Mattix Queen	Unit	32	Lang	;lie Ma	ttix 7	Rivers Qu	ueen State,	Federal or Fe	シ		
Location											
Unit Letter G	:253	30 F	eet Fro	m TheN	lorth_Lim	and2600) Fe	et From The	EAst	Line	
Section 22 Townst	25-S	R	lange	37-E	. N	ирм,	Lea			County	
Secuou 22 Towns	пр		<u> </u>								
II. DESIGNATION OF TRA	NSPORTER	OF OIL	ANI	NATU	RAL GAS				<u> </u>		
Name of Authorized Transporter of Oil		or Condensa	L		Address (Giv	e address to wh	iich approved	copy of this f	orm is to be se	nt)	
Not Applicable - Wat	er Inject			300	Address (Civ	e address to wh	ich approved	come of this f	orm is to be se	nt)	
Name of Authorized Transporter of Casi	ame of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give							copy of this y	orm a to be se	,	
If well produces oil or liquids,	Unit	Sec. T	wp.	Rge.	Is gas actuali	y connected?	When	1?			
ive location of tanks.	<u>i i</u>	i		<u> </u>							
this production is commingled with the	t from any othe	r lease or po	ol, give	comming	ing order numi	жг.	<u> </u>				
V. COMPLETION DATA		10		177.11	I 197.11	Wadana	D	Dive Deels	Icama Basin	Diff Res'v	
Designate Type of Completion	n - (X)	Oil Well	1 6	as Well	New Well	Workover	Deepen	Flug Back	Same Res'v	Pili Kesv	
Date Spudded	Date Compl	. Ready to P	rod.		Total Depth	l	<u>l'</u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ime of Pro	Time of Producing Formation				Pay		Tubing Dep	Tubing Depth		
)						-		Depth Casing Shoe			
Perforations								Depar casi.	,		
	Т	UBING, C	CASIN	IG AND	CEMENTI	NG RECOR	D				
HOLE SIZE		ING & TUE				DEPTH SET			SACKS CEMENT		
		•									
								+			
								 			
V. TEST DATA AND REQUI	EST FOR A	LLOWA	BLE		1			<u> </u>			
OIL WELL (Test must be after	recovery of tol	al volume of	f load o	il and musi	be equal to of	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes		<u> </u>			ethod (Flow, pr					
					Garina Dana			Choke Size			
Length of Test	Tubing Pres	sure			Casing Press	ure					
Actual Prod. During Test	Oil - Bbls.	Phie						Gas- MCF			
Actual Floor During Took	Oll - Dols.										
GAS WELL											
Actual Prod. Test - MCF/D	Length of 1	est			Bbls. Conde	nsate/MMCF		Gravity of	Condensate		
<u> </u>											
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size				
· · · · · · · · · · · · · · · · · · ·					٠						
VI. OPERATOR CERTIFI				ICE	1		USERV	ATION	DIVISIO	λN	
I hereby certify that the rules and rep Division have been complied with a	gulations of the	Oil Conserva	ation		1		,UL! \	II II	1 0 198	g	
is true and complete to the best of pr	ly knowledge an	nimuon givei id belief.	r and	•	Dot	Anorous	ad	JUL	T A 190	i U	
\bigcap \bigcap	1				Date	e Approve					
Nova TIVL	reah				∥ _{By} _		ORIGINAL	SIGNED B	Y JERRY S	EXTON	
Signature	n / .				by-		DIS	TRICT I SU	JPERVISOR		
Dora McGough Printed Name	Regulato		rdin Title	ator	Title						
June 30, 1989	214,	<u>/ 788–33</u>		-		·					
Date		Telep	A saodo	ło.	11						

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