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

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 F									
[.	TO TRA	<u>ANSPOR</u>	T OIL	AND NA	TURAL G.	AS				
Operator					-	1	API No.			
PETRUS OIL COMPA	NY, L.P.						30-023	<u>5-23</u> 7	769	
Address	a==		_							
12377 Merit Driv		Dallas,	Tex							
Reason(s) for Filing (Check proper box New Well		- T	-£.	Ou	ner (Please expl	ain)				
	· —	n Transporter	or:							
Recompletion	Oil Casinghead Gas	Dry Gas Condensate								
f change of operator give name	Casingnead Gas	Concensate								
and address of previous operatorN	<u>Mobil Producing</u>	<u>Texas</u>	<u>& Ne</u>	w Mexic	o Inc. (Effectiv	e date :	7-1-89)		
II. DESCRIPTION OF WEL	I. AND I FASE									
ease Name Well No. Pool Name, Includi				ng Formation		Kind	of Lease		ease No.	
							Federal or Fee			
Location	1 32		e Ma	CC1X / b	(1vers Qu	ieen!				
Unit Letter P	. 215	East Emm '	The E	last :-	e and900	т.	et From The _	South		
Olit Letter	 · -	_ rea riom	Ine	<u> </u>	e and	re	zirrom ine _	5000	Line	
Section 15 Town	ship 25-S	Range	37-	E .N	MPM.		Le	а	County	
-						•			county	
III. DESIGNATION OF TRA	INSPORTER OF O	IL AND N	NATU							
Name of Authorized Transporter of Oil	or Conde	nsate]	Address (Gir	ve address to w	hich approved	copy of this fo	orm is to be se	ent)	
Mobil Oil Company		P-0-	Box 900.	Dallas	TX 75221					
Name of Authorized Transporter of Ca	singhead Gas	or Dry Gas			re address to w			orm is to be se	ent)	
El Paso Natural Gas (- 		Box 14	92. El P					
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	-	y connected?	When	?			
<u></u>	G 15		37E	<u>. Үе</u>				9/5/71		
f this production is commingled with the IV. COMPLETION DATA	at from any other lease or	pool, give co	onuning)	ing order num	ber:					
V. COMELLION DATA	Oil Well	I Gas V	Wall	Now Wall	Workover	1 5	1 N D .	·	- · · ·	
Designate Type of Completion	on - (X)	i j Gas i	Mell	I New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to	o Prod.		Total Depth	J	<u> </u>	P.B.T.D.			
•							F.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	ormation		Top Oil Gas	Pay		Tubing Dept	h		
, , , , , , , , , , , , , , , , , , , ,							Depui			
Perforations				1			Depth Casing	g Shoe		
	TUBING	, CASING	AND	CEMENTI	NG RECOR	D D	· · · · · · ·			
HOLE SIZE	CASING & T	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	·									
		 -						<u> </u>		
I mrom pama and prote	TOT FOR ALL OW	1 D 7 E				· <u> </u>				
7. TEST DATA AND REQU										
	er recovery of total volume	of load oil ar	nd must					or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Press	In		Choke Size			
Pengar Or 1 cm	Tuoing Fressure			Count Lices	J.C		CHOKE SIZE			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
	Oil - Bois.									
CAS TITLE							<u>!</u>	· · · · ·		
GAS WELL	Il on mit of T			Du C) 0 /2=		12			
Actual Prod. Test - MCF/D	Length of Test			Bbis. Conder	MMCF		Gravity of C	ondensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
T OPEN LEON CONTRACT	(C) PRO (12 22) =			٠			<u> </u>			
VI. OPERATOR CERTIF			ತ			ISEDV	ATION F	אוופים	NA I	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION					
is true and complete to the best of m		€0 200Vē		<u> </u>	_		,1111	1 0 198	19	
	2			Date	Approve	d		100	 -	
Day my					OR	IGINAL CIA	AMP OF "	3 5 1000 -		
Signature						DICTAL	SNED BY JE CT I SUPER	WRY SEXT	ON	
	egulatory Coord	dinator		By_			- : JUPER	AIPOK		
Printed Name		Title	_	Title					(-4)	
June 30,1989	214/788-									
Date	Tele	ephone No.		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.