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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., Aziec, NM 87410

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

REQUEST FOR ALLOWARI F AND AUTHORIZATION

7						TUDALO					
I. Operator		IO IHA	ANS	POHI O	IL AND NA	TURAL G.		ADI No			
PETRUS OIL COMPANY, L.P.						Well API No.					
Address	1, L.F.			-			;	TO OF	<u>. , , , , , , , , , , , , , , , , , , ,</u>	<i>97</i>	
12377 Merit Drive	STE	1600	Da 1	llas. T≏	xas 7525	1					
Reason(s) for Filing (Check proper box)	, 014.		<i>-</i> - a - 1	140, 10		her (Please expl	ain)				
New Well		Change in	Trac	sporter of:		····	,				
Recompletion	Oil		1	Gas 🗆							
Change in Operator	Casinghea	d Gas		densate							
If change of operator give name											
and address of previous operator <u>Mo</u>	<u>bil Pro</u>	ducing	<u>T</u>	exas & N	<u>lew Mexic</u>	o Inc. (1	<u>Effectiv</u>	<u>re date</u>	/-1-89)		
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	Well No. Pool Name, Including Form					Formation Kind 9			Lease No.		
Federal "X"		2 Tanglio Ma			attin 7 1	ttix 7 Rivers Queen State			Federal or Fee NM11768		
Location				**************************************	attin /	NIVELS QU	een -				
Unit Letter M	: 660	0	Fee	From The	South Li	ne and 3	30 F	et From The	West	Line	
								201101111111			
Section 15 Townsh	ip 25-S		Rar	nge 3	7-E , N	ІМРМ,		L€	ea	County	
III. DESIGNATION OF TRAN	<u> ISPORTE</u>	or Conde		AND NAT							
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)									
Mobil Oil Company					Address (Give address to which approved			TX 75221			
Name of Authorized Transporter of Casin	-	X	or I	Ory Gas					form is to be s	ent)	
El Paso Natural Gas Co		Sec	1-		Box 14	92. E1 P	aso, TX	79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw		e. Is gas actual	-	When	. ?			
<u> </u>	M I	15		<u>−S 27−E</u>				_	12/13/78	3	
If this production is commingled with that IV. COMPLETION DATA	irom any our	er lease or	pooi,	, give commin	igling order nun	nber:					
IV. COMBLETION DATA		Oil Wel	 -	Con Well	1 37 37/ 11	1 11/ 1	1 5	1 20 20 1	la	<u>.</u>	
Designate Type of Completion	- (X)	I OU MEI	. I	Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	o Pro	d.	Total Depth	<u> </u>	1	P.B.T.D.	<u> </u>		
Jan Opania	3	p		_				P.B. I.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	ormai	tion	Top Oil/Gas	Pay		Tubing Dep	ıth		
, , , , , , , , , , , , , , , , , , , ,											
Perforations					-			Depth Casing Shoe			
	TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
									-		
							_				
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABI	ĿĔ							
OIL WELL (Test must be after	recovery of 10	sal volume	of lo	ad oil and mu				<u> </u>	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pre	SELLE			Casing Press	sure		Choke Size			
						Wasan Dhia			Cas MCE		
ctual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF				
							· · · · · · · · · · · · · · · · · · ·	<u> </u>	·		
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Test		····································	Bbls. Conde	nsate/MMCF		Gravity of (Condensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pres	Casing Pressure (Shut-in)			Choke Size		
	<u> </u>										
VI. OPERATOR CERTIFIC	CATE OF	COM	PLL	ANCE		OII	1055	A TIOS:	D. // C: -		
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.									A 10 40		
is true and complete to the best of my	mowledge at	nd belief.			Date	e Approve	ed		0.7.19	89	
Do. you M								~~~		_	
Wora Medeugh							Ec	ldie W.	Seay		
Signature Dora McGough Regulatory Coordinator						By Eddie W. Seay Oil & Gas Inspector					
Printed Name	suratory	Coord	a 1 m Tid				Oli	x Jus i			
June_30_1989	21	14/788		-	Title)			·		
Date				ve 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.