STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	AUTHORIZATION TO TRA	NSPORT OIL AND	NATURAL GAS	
Petrus Oil Company,	L. P.			
12201 Merit Drive, St Receson(s) for filing (Check proper box)	uite 900 Dalla	s, Texas 752	51-2293	
New Well			(Please explain)	
Accompletion	Change in Transporter of:	Ì		
	on	Dry Ges EFFECTIVE 01-01-87		
X Change in Ownership	Casinghead Gas	Condensate	·	
If change of ownership give name and address of previous owner	Petrus Operating Com	mpany Inc	(Same as above)	
II. DESCRIPTION OF WELL AND LI		aparr, The.	(Same as above)	
Lease Name	Well No. Pool Name, including	Formation	Kind of Legae	
East Pearl Oueen Unit	24 Pearl Oueen		State, Federal or Fee	Lease No.
Location	The state of the s		Fee	
Unit Letter H : 1980 Line of Section 28 Township	Feet From The North 198 Range		Feet From The <u>East</u>	
	155 Adinge		NMPM, Lea	County
III. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURA	T CAS		
Name of Authorized Transporter of Cil	or Condensate	Aggrees (Gue ad	PUT WELL	
	_	10.00	dress to which approved copy of this for	m is so be sens)
Name of Authorized Transporter of Casinghe	ad Gas or Dry Gas	Address (C)		
	<u> </u>	Address (Cive ad	dress to which approved copy of this for	m is to be sent)
If well produces all or liquids, Unit	Sec. Twp. Rge.	10 222 23		Ì
give location of tanks.	, and	is das actually co	nnected? When	
		<u> </u>		
f this production is commingled with the	t from any other lease or pool,	give commingling	order number:	
NOTE: Complete Parts IV and V on I	reverse side if necessary.			
7. CERTIFICATE OF COMPLIANCE		11 _		
			IL CONSERVATION DIVISION	1
hereby certify that the rules and regulations of t	he Oil Conservation Division have	APPROVED	FFD 0 0 4007	
een complied with and that the information giver by knowledge and belief.	t is true and complete to the best of		FEB 2 3 1987	, 19
, and the second second		BY_ LKIGH	NAL SIGNED BY ICOMY	
_		11	DISTRICT I SUPERVISOR	
		TITLE	SCIERVISOR	
Sugar a land	-	This form	le to be filled to see the	
Musin purdan	Suzann Jourdan	if this is a	is to be filed in compliance with a	ULE 1104.
Regulatory Coord	linator		request for silowable for a newly of must be accompanied by a tabulation the well in accordance with RULE	
(Title) 01-01-87		All section	e of this form must be filled out cord recompleted wells.	mpletely for allow-
(Date)		Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.		
			orms C-104 must be filed for	BOTE of condition
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