

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

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
Armstrong Energy Corporation

Address  
P.O. Box 1973 Roswell, NM 88201

Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well Change in Transporter of:  
 Recompletion  Oil  Dry Gas  
 Change in Ownership  Casinghead Gas  Condensate  
Name Change effective 5/1/87

If change of ownership give name and address of previous owner Chevron U.S.A. Inc., P.O. Box 670, Hobbs, NM 88240

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>West Pearl Queen Unit</u>	Well No. <u>169</u>	Pool Name, including Formation <u>Pearl (Queen)</u>	Kind of Lease State, Federal or Fee State	Lease No. <u>E-8183</u> <u>E-8184</u>
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Location  
Unit Letter N : 1305 Feet From The South Line and 2565 Feet From The West  
Line of Section 28 Township 19S Range 35E , NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

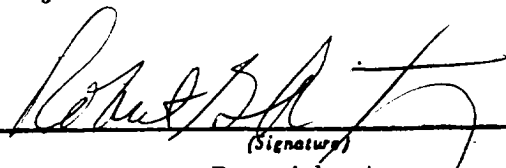
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipeline Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1910, Midland, Texas 79702</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>B</u> Sec. <u>32</u> Twp. <u>19</u> Rge. <u>35</u>	Is gas actually connected? <input type="checkbox"/> When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
\_\_\_\_\_  
(Signature)  
President  
(Title)  
May 1, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 11 1987, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.