STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT 0. 00 (0000 00000000 00107 0:00 000 00107 0:00 000 00107 0:00 0010 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 00	AND MINERALS DEPARTMENT ARTESIA, OFFICE   ARTESIA, OFFICE ARTESIA, OFFICE   INTAINUTION OIL CONSERVATION DIVISION   ARTESIA, OFFICE ARTESIA, OFFICE   ARTESIA, OFFICE ARTESIA, OFFICE							
Petrus Operating C	ompany.	Inc.					<u></u>	
Address 12201 Merit Drive,			Texas	75251-2293				
Ressan(s) for filing (Check proper box) New Well Recompletion XX Change in Ownership			Dry Gas Condensate	Other (Please exp EFFECTI	VE DATE OF	CHANGE 07-	01-86	
<pre># change of ownership give name Shell Western E&amp;P, Inc. 200 North Dairy Ashford, P. O. Box 991, Houston, Texas 77001</pre>								
Lesse Name Henshaw Deep Unit		Pool Neme, Including Henshaw Wolfc		1	d of Lease 10, Foderal or Foo	Federal	Legee No.	
Location	<u> </u>			· · · · · · · · · · · · · · · · · · ·			]	
Unit Letter <u>A</u> : <u>660</u> Line of Section <del>23</del> Township	160	n The <u>North</u> Li Range	<b>ne and</b> 30E		••• From The <u> </u>	ast		
· ·		·····		, ММРМ,	·····		County	
Name of Authorized Transporter of Cil (A) Nava jo Refining Co. Pipeli	of Co	ndensete	Asdress	Give address to wh eeman Ave.,			be sent) 88210	
Name of Authorized Transporter of Casinghead Gas M or Dry Gas				Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Street, Odessa, Texas 79762				
If well produces oil or liquids, give location of tanks.		Twp. Ree.		tually connected?	When	9-1.7	Patroz	
If this production is commingled with the				ningling order num			7-4-82	
NOTE: Complete Parts IV and V on	reverse si	de if necessary.				(	Chy op	
VI. CERTIFICATE OF COMPLIANCE				OIL CONS		IVISION		
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.			APPRO	DVED	<u>1 3 1986</u>			
			BY		Driginal Signed E			
0					Les A. Floments			
Lunann Jourdan Suzann Jourdan				This form is to be flied in compliance with RULE 1104.				
Regulatory Coordinator			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 AULS 111.					
(Tiule)				All sections of this form must be filled out completely for allow- able on new and recompleted wells.				
06-26-86 (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.				
			Sop	arate Forma C-1( Id wella.	04 must be file	d for each pool	I in multiply	

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