

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PERMITS OFFICE         |     |

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Petrus Oil Company, L. P.

Address  
12201 Merit Drive, Suite 900 Dallas, Texas 75251-2293

Reason(s) for filing (Check proper box)

|   |   |                        |
|---|---|------------------------|
| <input type="checkbox"/> New Well                       | Change in Transporter of:               | Other (Please explain) |
| <input type="checkbox"/> Recompletion                   | <input type="checkbox"/> Oil            | EFFECTIVE 01-01-87     |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas |                        |
|   | <input type="checkbox"/> Dry Gas        |                        |
|   | <input type="checkbox"/> Condensate     |                        |

If change of ownership give name and address of previous owner: Petrus Operating Company, Inc. (Same as above)

II. DESCRIPTION OF WELL AND LEASE

|                                      |                |   |  |           |
|--------------------------------------|----------------|---|--|-----------|
| Lessee Name<br>East Pearl Queen Unit | Well No.<br>16 | Pool Name, including Formation<br>Pearl Queen | Kind of Lease<br>State, Federal or Fee | Lease No. |
|--------------------------------------|----------------|---|--|-----------|

Location  
Unit Letter 0: 1980 Feet From The East Line and 660 Feet From The South  
Line of Section 22 Township 19S Range 35E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TEMPORARILY ABANDONED

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| 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 Sec. Twp. Rge. Is gas actually connected? 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.

VI. 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.

Suzann Jourdan Suzann Jourdan  
(Signature)  
Regulatory Coordinator  
(Title)  
01-01-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 23 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.

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