STATE OF NEW MEXICO ENERGY AND MINERALS DEPART	MENT						
						Form C-104	
OIL CONSERVATION DIVISION						Revised 10-01-78 Format 05-01-83	
P. O. BOX 2088						Page 1	
U.8.e.s.	- *	SANTA FE, NE	W MEXI	CO 87501		-	
LAND OFFICE							
TRANSPORTER CIL CAS		REQUEST F		ABLE			
PAGRATION OFFICE	AUTHOR	ZATION TO TRAN	AND SPORT OIL	AND NATURAL	GAS		
Operator				·····			
Petrus Oil Compa	any, L. P.						
12201 Merit Driv	ve, Suite 900) Dallas	, Texas	75251-2293			
Resson(s) for filing (Check proper	box)		<u></u>	Other (Please expla	in)		
New Veli Recompletion	completion Ott Dry Gat			Ces EFFECTIVE 01-01-87			
X Change in Ownership	Casin	gheod Gas	Condensate			•	
f change of ownership give name nd address of previous owner	Petrus	Operating Com	<u>pany, In</u>	c. (Same as	above)		
I. DESCRIPTION OF WELL A	ND LEASE						
Leese Name	Name Well No. Pool Name, Including Formation Kind of Lease				of Lease	Lease No	
East Pearl Queen Unit 9 Pearl Queen			State, Federal or I		Federal or Fee	Eee	
Line of Section 22		95 Range	35E		Jea	County	
Name of Authorized Transporter of (INPUT WELL Sive address to whic	h approved copy of	this form is to be sent;	
Name of Authorized Transporter of (Casinghead Gas	or Dry Gas	Address ((live address to whic	h approved copy aj	this form is to be sentj	
if well produces oil or liquids, give location of tanks.	Unii Sec.	Twp. Rge.	ls gas acti	ually connected?	When		
this production is commingled a	with that from any	other lease or pool,	give comm	ingling order number	 Pr:		
OTE: Complete Parts IV and	d V on reverse sid	le if necessary.					
I. CERTIFICATE OF COMPLI	ANCE		1	OIL CONSE		/ISION	
nereby certify that the rules and regula	ations of the Oil Cons	servation Division have	APPRO	VED FE	<u>B 2 3 1987</u>	7 19	
en complied with and that the informa y knowledge and belief.	ition given is true and	complete to the best of	BY		ED BY JERRY S	EXTON	
, · · ·			TITLE		T I SUPERVISOR		
ρ \sim .							
	Suzann .		If th well, this	is is a request for a form must be acc	allowable for a	with RULE 1104. newly drilled or deepene tabulation of the deviation	
	<u>Coordinator</u>		All o	en on the well in sections of this fa	accordance with m must be filled	AULE 111. I out completely for allow	
01-01-87 (Date)				able 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			
,-	2		wart gauge	rate Forms C-104	sporter, or other	such change of condition for each pool in multipl	

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