STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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SANTA FE		\top	1
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LAMO OFFICE			_
-	OIL		
	940		
OPERATOR.			
PRODATION OFFICE			

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

Wised 10-01-78 Format 08-01-03

REQUEST FOR ALLOWABLE AND

I. AUTHORIZATION TO TRA	AND NSPORT OIL	AND NATURAL GAS	
Petrus Oil Company, L. P.			
12201 Merit Drive, Suite 900 Dalla: Ressen(s) for filing (Check proper box)	s, Texas	75251-2293	
II		Other (Please explain)	
Charge in Transporter of: Charge in Ownership Casingheed Gas	Dry Ges EFFECTIVE 01-01-87 Condensere		
If change of ownership give name and address of previous owner Petrus Operating Con	mpany. Ind	c. (Same as above)	
II. DESCRIPTION OF WELL AND LEASE Leese Name Well No. Pool Name, Including			-
	s otwariou	Kind of Louse	Legge No.
Least Pearl Queen Unit 35 Pearl Queen		State, Federal or Fee	
Line of Section 27 Township 195 Rence	35E	SOUTH	
130 Adine		, NMPM, Lea	County
IL DESIGNATION OF TRANSPORTER OF OIL AND NATURA	L GAS		
or Condensate	Asaress (G	ive address to which approved copy of this form	15 to be read
Shell Pipeline Corporation Name of Authorized Transporter of Casinghed Gas X or Dry Gas (IP. O. B	Box 1910, Midland TV 70702	·
Phillips 66 Natural Gas Co. Warren Petroelum Corp	4001 Pe	ive address to which approved copy of this form	if to be seut)
If well produces oil or liquids, Unit Sec. Twp. Rgs.			7 V = }
Rive location of tanks. NO CHAINGE	Ye	when	
this production is commingled with that from any other lease or pool,	1 10		
OTT. Complete Design to the state of pool,	Eras commin	ngling order number:	
OTE: Complete Parts IV and V on reverse side if necessary.			
I. CERTIFICATE OF COMPLIANCE	11	04.001/055	
	!	OIL CONSERVATION DIVISION	
hereby certify that the rules and regulations of the On Conversation Division have en complied with and that the information given is true as a complete to the best of	APPROV	/ED	
knowledge and belief.			_, 19
	BY	ORIGINAL SIGNED BY JERRY SEXTON	
0	TITLE_	DISTRICT I SUPERVISOR	
No. 1	701-	(am la sa ha m	
(Signature)	if this	form is to be filed in compliance with mu	LE 1104.
Regulatory Coordinater	well, this tests take	s is a request for allowable for a nawly dri form must be accompanied by a tabulation n on the well in accordance with NULE 1	illed or deepened of the deviation
(Title)	i Alise	ections of this form must be filled out comp w and recompleted wells.	oletely for allow-
01-01-87 (Date)	Fill o	out only Sections to the section to	
/		to Forms C-104 must be died de	
"	completed	wells.	poor in multiply