STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

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DISTRIBUTION		
SAMTA PE		\vdash
FILE		
V.0.0.5.	Т	
LAND OFFICE		
TRANSPORTER OIL		
GAD		
OPERATOR		
PROMATION OFFICE		

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CA

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
Petrus Oil Compan	v I. P					·	
Address	, <u> </u>	· · · · · · · · · · · · · · · · · · ·					
12201 Merit Drive	, Suite 900	Dal	las, Texas	s 75251-2	293		
Reeson(s) for filing (Check proper box	Reeson(s) for filing (Check proper box)			Other (Please explain)			
New Well	Change in	Transporter of:					
Recompletion	닏애		Dry Ges	Dry Ges EFFECTIVE 01-01-87			
Change in Ownership	Castne	phead Gas	Condenser		·		
If change of ownership give name	Dat		~				
end address of previous owner	Petrus	Operating	Company.	Inc. (Same	e as above)		
II. DESCRIPTION OF WELL AN	D LEASE						
Lease Name		Pool Name, Inclu	ing Formation	,	Kind of Lease	Legse No.	
East Pearl Queen Unit	18	Pearl Quee	n		State, Federal or Fee Fee	20000 110.	
Unit Letter B : 990	Peel From	The North	Line and	1650	Feet From The East		
Line of Section 27 Tow	mahip 19S	Range	7.5.5		_		
	155	Kung	35E	, NMPM	Lea	County	
III. DESIGNATION OF TRANSP	ORTER OF O	IL AND NATI	TRAL GAS	INPUT WELI	•		
Name of Authorized Transporter of CII	or Con	densate 🔲	Azdress	(Give address	o which approved copy of this form	is to be sent!	
					•	·	
Name of Authorized Transporter of Cas	inghead Gas 🗀	or Dry Gas	Address	(Give address s	o which approved copy of this form	is to be sent;	
	Unit Sec.	12.					
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rg	ls gas a	ctually connects	d? When		
	· · · · · · · · · · · · · · · · · · ·						
If this production is commingled with			ool, give com	mingling order	number:		
NOTE: Complete Parts IV and V	on reverse side	e if necessary.					
VI. CERTIFICATE OF COMPLIAN	ICE		11	טוו כנ	DNSERVATION DIVISION		
			11.	11			
hereby certify that the rules and regulation been complied with and that the information	as of the Oil Const	ervation Division I	APPR	APPROVED			
my knowledge and belief.	- green is true and c	omplete to the be	BY	OBIODIAL			
••				OICED	SNED BY JERRY SEXTON		
0			TITLE	DISTRI	ICT I SUPERVISOR		
Se a la la	2		71	is form is to	be filed in compliance with mu		
(Signal)	<u>Suzann</u>	Jourdan	If	this is a reque	et for allowable for a name de		
Regulatory C			;	ire tour mast	be accompanied by a tabulation eli in accordance with AULE	A + + + A	
Regulatory C			— Al:	sections of ti	his form must be filled out com-		
01-01-87			-5.5 0.	HAM BITG TACC	mbteted wetter		
(Date))		well na	II out only Se me or number.	ctions I. II. III. and VI for chor transporter, or other such cha	enges of owner,	
			H _	,	berren er ermer encu cus	MA OF COUGITION	

Soparate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

FEB 16 1987

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HORRS OFFICE