STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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PRE			
V.1.0.A.			
LAND OFFICE		1	_
TRANSPORTER	OIL		
	940		
PPERATOR			
PROMATION OFFICE			

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

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS

I. AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GAS		
Petrus Oil Company, L. P.			
12201 Maria D. I	, Texas 75251-2293		
11 T	Other (Please explain)		
Remodelies Out	EFFECTIVE 01-01-87		
X Change in Ownership	Condensere		
If change of ewnership give name and address of previous owner Petrus Operating Com-			
	pany, Inc. (Same as above)		
II. DESCRIPTION OF WELL AND LEASE Leese Name Well No. Pool Name, Including I	f		
	Ledse No		
Least Pearl Queen Unit 3 Pearl Queen	State Foderal or Foo		
Unit Letter K : 1980 Feet From The St. Hh	100.		
Unit Letter 1 : 178() Feet From The With Li	no and 1980 Foot From The West		
Line of Section 7 Township 195 Range	35E NAPA Lea		
193 Adage	SSE , NMPM, Lea County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	T CAS		
Name of Authorized Transporter of Cit or Condensate	Aggrees (Give address to which approved copy of this form is to be sent)		
Shell Pipeline Corporation			
Shell Pipeline Corporation Nems of Authorized Transporter of Casinghead Gas (Corporation) Distribution of Dry Gas (Corporation)	P. O. Box 1910, Midland, TX 79702 Address (Give address to which approved copy of this form is to be sent)		
Phillips 66 Natural Gas Co. Warren Petroelum Corp	4001 Penbrook Street, Odessa, TX P. O. Box 1689, Lovington, NM		
If well produces all or liquids, Unit Sec. Twp. Rgs.	is gas actually connected? When		
give location of tanks. ACICHANGE	Yes		
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	0, 22, 22, 22		
	OIL CONSERVATION DIVISION		
hereby certify that the rules and regulations of the Oil Concernation Division have	FEB 2 3 1987		
een complied with and that the information given is true and complete to the best of my knowledge and belief.	. 19		
	BY ORIGINAL SIGNED BY JERRY SEXTON		
	DISTRICT I SUPERVISOR		
	TITLE		
Alexann Jourdan Suzann Durdan	This form is to be filed in compliance with MULE 1104.		
(Signalwe)	If this is a request for allowable to		
Regulatory Coordinator	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.		
(Title)	All sections of this form must be filled and		
01-01-87 (Pair)	Fill out only Section 2 to 200		
10000	training of their such change of condition		
<u> </u>	Separate Forms C-104 must be filed for each pool in multiply completed wells.		