

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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 GAS

Operator  
**Armstrong Energy Corporation**

Address  
**P.O. Box 1973 Roswell, NM 88201**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <b>Name Change effective 5/1/87</b>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner **Chevron U.S.A. Inc., P.O. Box 670, Hobbs, NM 88240**

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>West Pearl Queen Unit</b>	Well No. <b>125</b>	Pool Name, including Formation <b>Pearl (Queen)</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E-8183</b>
Location Unit Letter <b>N</b> : <b>6600</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b> Line of Section <b>28</b> Township <b>19S</b> Range <b>35E</b> , NMPM, <b>Lea</b> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS **TA Injection well**


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipeline Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1910, Midland, Texas 79702</b>
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
	<b>B 32 19 35</b>

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.

I. CERTIFICATE OF COMPLIANCE

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.

  
(Signature)  
**President**  
(Title)  
**May 1, 1987**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 11 1987**, 19\_\_\_\_  
BY \_\_\_\_\_  
ORIGINAL SIGNED BY JERRY SEXTON  
TITLE **DISTRICT I SUPERVISOR**

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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