STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

06-26-86

(Date)

DISTRIBUTION				
		\Box	T	
BANTA FE				
FILE		П		
U.S.G.S.				
LAND OFFICE			Г	
TRANSPORTER	OIL			
	BAB			
OPERATOR				
PERMATION OFFICE				١

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

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.

REQUEST FOR ALLOWABLE

PROMATION OFFICE	AUTHOR	ZATION TO TRAN	AND ISPORT OIL AND NATURAL GAS	
Petrus Operat	ing Company,	Inc.		
12201 Merit D	rive, Suite S		Texas 75251-2293	
Reason(s) for filing (Check proper		•	Other (Please explain)	
Recompletion Change in Ownership	<u></u> ou	. 75	Dry Gos EFFECTIVE DATE OF CHANG	SE 07-01-86
If change of ownership give name and address of previous owner	Shell West	ern E&P, Inc.		
II. DESCRIPTION OF WELL	AND LEASE		Houston,	Texas 77001
Leese Name East Pearl Queen Uni	Well No. 1	Pool Name, Including Pearl Queen	Formation Kind of Lease State, Poderal or Fee	Lease No.
Location A 2	210	11004		
Unit Letter / / ;)/()_ Feet From	The West L	ine end 990 Feet From The SOU	th_
Line of Section 34	Township 19S	Range	35E , NMPM, Lea	County
III. DESIGNATION OF TRAN Name of Authorized Transporter of (CII or Con	densate or Dry Gas	LGAS INPUT WELL Address (Give address to which approved copy of this) Address (Give address to which approved copy of this)	•
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected? When	
f this production is commingled	with that from any	other lease or pool,	give commingling order numbers	
NOTE: Complete Parts IV and	l V on reverse sid	e if necessary.		
VI. CERTIFICATE OF COMPLI	ANCE		OIL CONSERVATION DIVISIO	INI
hereby certify that the rules and regulates complied with and that the information	ations of the Oil Cons	ervation Division have	APPROVED JUL 8 1988	
ny knowledge and belief.			BY ORIGINAL SIGNED BY JERRY SE	KTON
ν	nature)	ann Jourdan	TITLE DISTRICT ! SUPERVISOR This form is to be filed in compliance with If this is a request for sllowable for a newly well, this form must be accompanied by a tabula	y drilled or deepened
Regulatory Co	oordinator		tests taken on the well in accordance with AUL All sections of this form must be filled out	.£ 111.
06-26-86		j	able on new and recompleted wells.	naminarary tot Tilom-