STATE OF NEW MEXICO Form C-104 ENERGY AND MINERALS DEPARTMENT Revised 10-01-78 Format 06-01-83 -----OIL CONSERVATION DIVISION Page 1 DISTRIBUTION P. O. BOX 2088 SANTA PE SANTA FE, NEW MEXICO 87501 FILE U.S.O.S. LAND OFFICE OIL REQUEST FOR ALLOWABLE TRANSPORTER GAS AND OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Operator Armstrong Energy Corporation Address 88201 Roswell, NM P.O. Box 1973 Other (Please explain) Reason(s) for filing (Check proper box) Name Change effective 5/1/87 Change in Transporter of: New Well Dry Gas -1 oli Recompletion Condensais Casinghead Gas Change in Ownership X 88240 P.O. Box 670, Hobbs, NM If change of ownership give name Chevron U.S.A. Inc., and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. | Pool Name, Including Formation State, Federal or Fee E-588(Leese Name State Pearl (Queen) 164 West Pearl Queen Unit Location West Feet From The North Line and 2635 Feet From The Unit Lette County Lea 35E NMPM 195 Range Township 32 Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oll 79702 Texas P.O. Box 1910, Midland, Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Corporation or Dry Gas Name of Authorized Transporter of Casinghead Gas When Is gas actually connected? Rge. Twp. Unit Sec. If well produces oil or liquide, 35 19 32 . B give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order numbers

E

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I 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.

PA PA-t-
Mut Sll
(Signaly *) President
(Title)
May 1, 1987
(Date)

Approved	DIL CONSERVATION DIVISION
BY	ORIGINAL SIGNED BY JERRY STATON
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 deepend 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 allo able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio

Separate Forms C-104 must be filed for each pool in multip completed wells.



•