## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| -0. 07 (07-16 816 |     |   |       |
|-------------------|-----|---|-------|
| DISTRIBUTION      |     |   | V     |
| SANTA FE          |     | 7 | $V^-$ |
| FILE              |     | 7 |       |
| U.\$.G.a.         |     |   |       |
| LAND OFFICE       |     |   |       |
| TRANSPORTER       | OIL |   |       |
|                   | GAS |   |       |
| OPERATOR          |     | V |       |
| PROBATION 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

RECEIVED

| GAS V                                                                                                                                    | REQUEST FO                             | R ALLOWABLE                                          |                                             |                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------|---------------------------------------------|-----------------------------|--|
| PROBATION OFFICE                                                                                                                         | • •                                    | ND                                                   | IRAI GAS JUL 20                             | 100                         |  |
| AUTHORIZAT                                                                                                                               | TION TO TRANS                          | PORT OIL AND NATU                                    | IRAL GAS JUL ZU                             | 00                          |  |
| 1. Operator                                                                                                                              |                                        | · · · · · · · · · · · · · · · · · · ·                |                                             |                             |  |
| Petrus Oil Company, L. P.                                                                                                                |                                        |                                                      | O. C.                                       |                             |  |
| Address                                                                                                                                  |                                        |                                                      | ARTESIA, C                                  | OFFICE                      |  |
| 12377 Merit Drive, Suite 1600                                                                                                            |                                        | Dallas, Texas                                        | 75051                                       |                             |  |
| Reason(s) for filing (Check proper box)                                                                                                  | <del></del>                            |                                                      | 75251                                       |                             |  |
|                                                                                                                                          |                                        | Other (Please explain)                               |                                             |                             |  |
|                                                                                                                                          |                                        | ry Gas E                                             | FFECTIVE 06-01-8                            | B / ⊅ <b>5</b> /            |  |
|                                                                                                                                          | <b>==</b>                              | ondensate                                            |                                             |                             |  |
| Change in Ownership Casinghea                                                                                                            |                                        | ondensale                                            |                                             |                             |  |
| If change of ownership give name Mohal Donad                                                                                             | lucina TV C                            | NM Ten 'O Cenn                                       | D1                                          | 2700                        |  |
| and address of previous ownerMODI-1 Proc                                                                                                 | lucing IX G                            |                                                      | nway Plaza, Suit                            | te 2700                     |  |
| H. DECCRIPTION OF WELL AND LEACE                                                                                                         |                                        | Housto                                               | n, Texas 77046                              |                             |  |
| II. DESCRIPTION OF WELL AND LEASE    Well No.   Pool                                                                                     | Name, Including F                      | ormation                                             | Kind of Lease                               |                             |  |
|                                                                                                                                          | ALON-BONE                              |                                                      | State, Federal or Fee                       | Fee Locas No.               |  |
| BURTON TLAT 18AV                                                                                                                         | HOOKE DONE                             | OFRINA, CTISE                                        | 1 2.00.07 . 000.00                          |                             |  |
|                                                                                                                                          | <b>4</b> 1 .                           |                                                      |                                             | -                           |  |
| Unit Letter; 2950 Feet From The                                                                                                          | ,Lin                                   | • and                                                | Feet From The                               | ·                           |  |
|                                                                                                                                          | C                                      | 77/                                                  |                                             |                             |  |
| Line of Section Township 21                                                                                                              | S Range                                | 27E , NMPN                                           | . Eddy                                      | County                      |  |
| III. DESIGNATION OF THE ANGROPHER OF OR                                                                                                  |                                        | Thi                                                  | J                                           |                             |  |
| III. DESIGNATION OF TRANSPORTER OF OIL                                                                                                   |                                        | LGAS   H G                                           | so which approved copy of                   | this form in to be seen     |  |
| Name of Administrative Constant of Constant                                                                                              |                                        |                                                      |                                             |                             |  |
| The Permian Corp.  Name of Authorized Transporter of Casinghead Gas Co                                                                   | r Dry Coe C                            | P. O.—Box—1                                          | 183. Houston, The control of the control of | ( · · / / 00·1 · · ·        |  |
|                                                                                                                                          | <del></del>                            |                                                      |                                             |                             |  |
| Phillips 66 Natural Gas Co.                                                                                                              | Twp. Rge.                              | Is gas actually connect                              | 105 Hobbs NM                                | 88240                       |  |
| it well produces on or inquias,                                                                                                          | ١ ـ ـ ـ ا                              |                                                      | •                                           | -01-85                      |  |
| give location of tanks.                                                                                                                  | 215; 27E                               | Yes                                                  | 10                                          |                             |  |
| If this production is commingled with that from any oth                                                                                  | er lease or pool,                      | give commingling orde                                | r number:                                   | POST 1D-3                   |  |
| NOTE: Complete Parts IV and V on reverse side if                                                                                         | f necessary                            |                                                      |                                             | 7-29-88                     |  |
| Troit. Complete Lates to and to on reverse state ty                                                                                      | —————————————————————————————————————— | 11.                                                  |                                             | Cha ap                      |  |
| VI. CERTIFICATE OF COMPLIANCE                                                                                                            | ļ                                      | OIL C                                                | ONSERVATION DIV                             | ISION /                     |  |
|                                                                                                                                          |                                        |                                                      | JUL 2 7 1988                                |                             |  |
| I hereby certify that the rules and regulations of the Oil Conserva<br>been complied with and that the information given is true and com |                                        | APPROVED                                             | _                                           | , 19                        |  |
| my knowledge and beitef.                                                                                                                 | piece to the best of                   | BY                                                   | Original Signed By                          | 7                           |  |
|                                                                                                                                          | Nuka Williams                          |                                                      |                                             |                             |  |
| 1                                                                                                                                        |                                        | TITLE                                                |                                             |                             |  |
| . 1                                                                                                                                      |                                        | This form is to                                      | he filed in compliance                      |                             |  |
| Suzann Welch Suzann Welch If this is a request for allowable for a newly dr.                                                             |                                        |                                                      |                                             |                             |  |
| (Signature)                                                                                                                              |                                        | well, this form must                                 | be accompanied by a f                       | tabulation of the deviation |  |
| Regulatory Coordinator                                                                                                                   |                                        | tests taken on the well in accordance with RULE 111. |                                             |                             |  |
| (Title)  All sections of this form must be filled out complet able on new and recompleted wells.                                         |                                        |                                                      | out completely for allow                    |                             |  |
| 07-14-88                                                                                                                                 | []                                     | )                                                    | -                                           | VI for changes of owner     |  |
| (Date)                                                                                                                                   |                                        |                                                      |                                             | such change of condition    |  |

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.