STATE OF NEW MEXICO				
ENERGY AND MINERALS CEPARTMENT				Form C-104
				Revised 10-01-78 Format 06-01-83
SANTA FE	OIL CONSERVATION DIVISION P. O. BOX 2088			Page 1
FILE	SANTA FE, NEW MEXICO 87501			
	AND OFFICE			RECEIVED
TRANSPORTER OIL VY				
OAG V	REQUEST F	OR ALLOWABL	_E	
PROMATION OFFICE			JUL 20'88	
I	AUTHORIZATION TO TRAN	SPORT OIL AN	ID NATURAL GAS	
Operator				<del></del>
Petrus Oil Company, L	. P. 🗸			ARTESIA, OFFICE
Address				
12377 Merit Drive, Su	ite 1600	Dallas, T	exas 75251	
Reason(s) for filing (Check proper box)	······································	Cih	er (Please explain)	
New Well	Change in Transporter of:	FI	FFECTIVE 06-01-88	2
Recompletion		Dry Gas	TECTIVE 00-01-86	<u>.</u>
X Change in Ownership	Casinghead Gas	Condensate ·		
If change of ownership give name				
and address of previous owner	Mobil Producing TX 8			
		1	Houston, Texas	77046
I. DESCRIPTION OF WELL AND	LEASE			
			Kind of Lease	Lease No
LOGAL T COM	BURTON F	LAT (MO	KROW) State, Federal o	FOR FORFAL
	7 1		0(0	F
Unit Letter : A 10	7 Feet From The N	ine and	Feet From The	•
Line of Section 4 Towns	hip 215 Bange	27E	10.00 E11	
Line of Section Towns		<u> </u>	, NUPM, Eddy	V County
III. DESIGNATION OF TRANSPO	RTER OF OIL AND NATI'R	AL GAS		
Name of Authorized Transporter of Ci.	or Condensate	Asazess (Give	address to which approved	copy of this form is to be sent;
The Permian Corn		Box 1183 Houst	OD TY 77001	
The Permian Corp. Name of Authorized Transporter of Casing	inead Gas or Dry Gas X	Adaress ( Give	address to which approved	on, TX 77001 a copy of this form is to be sent.
Llano, Inc.		P. O.	Box 1320, Hobbs	NM 88240
If well produces all or liquids,	nit Sec. Twp. Rge.	is gas actuali	y connected? When	
give location of tanks.	I 4 215 27	Yes	11	
If this production is commingled with t	hat from any other lease or poo	l, give comming	ling order number:	Year 10-3
•				1-29-88
NOTE: Complete Parts IV and V o	n reverse side if necessary.			ALDAD.
VI. CERTIFICATE OF COMPLIANC	`F		OIL CONSERVATIO	N DIVISION
	· <b>L</b>		JUL 2 7 190	
I hereby certify that the rules and regulations				, 19
been complied with and that the information given is true and complete to the best of my knowledge and belief.			Original Signed	d By
	Mike Will		Mike William	TIS
		TITLE		
			om is to be filed in	
Sugar Welch	Suzann Welch	11		npliance with RULE 1104.
(Signature	1	well, this f	orm must be accompanie	ele for a newly drilled or deepen ad by a tabulation of the deviati
Regulatory Coord	dinator	tests taken	on the well in accordan	nce with RULE 111.
(Title)	All sec	tions of this form must in and recompleted wells	be filled out completely for allo	
07-14-88	H		I, and VI for changes of owns	
(Dere)	well name or number, or transporter, or other such change of condition			
		Separat completed w	e Forme C-104 must be rells.	e filed for each pool in multip