

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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SANTA FE	✓
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	✓
PROMOTION OFFICE	

RECEIVED

JUL 20 '88

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Petrus Oil Company, L. P.		O. C. D. ARTESIA OFFICE
Address 12377 Merit Drive, Suite 1600		Dallas, Texas 75251
Reason(s) for filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership		Other (Please explain) EFFECTIVE 06-01-88.
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas		<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner: Mobil Producing TX & NM Inc., '9 Greenway Plaza, Suite 2700  
Houston, Texas 77046

II. DESCRIPTION OF WELL AND LEASE

Lease Name GOVERNMENT D AKE 1	Well No. 9	Pool Name, including Formation NW FENTON-DELAWARE, <del>DELAWARE</del>	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 1075
Location Unit Letter C 330 Feet From The N Line and 2310 Feet From The W				
Line of Section 12 Township 21S Range 27E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2105, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks. Unit NW 12 Sec. 21S Rge. 27E	Is gas actually connected? Yes	When 11-27-85

If this production is commingled with that from any other lease or pool, give commingling order number: POST 10-3  
7-29-88  
Chg ap

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.

Suzann Welch Suzann Welch  
(Signature)  
Regulatory Coordinator  
(Title)  
07-14-88  
(Date)

OIL CONSERVATION DIVISION  
JUL 27 1988

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Original Signed By  
Mike Williams

TITLE \_\_\_\_\_

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 multiple completed wells.