STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OPERATOR /	ANC
PROBATION OFFICE	AUTHORIZATION TO TRANSPO
I	
Petrus Oil Company,	L. P. /
Address	
12377 Merit Drive, S	uite 1600 Da
Reason(s) for filing (Check proper box)	
New Welt	Change in Transporter of:
Recompistion	O11 D14
X Change in Ownership	Casinghead Gas Con
If change of ownership give name and address of previous owner	Mobil Producing TX ६ N
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II. DESCRIPTION OF WELL AND	Weil No. Pool Name, including For
GOVERNMENT D A/	DIEASE Well No. Pool Name, Including For E. Aurican Bonde
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(Date)

Form C-104 Revised 10 01-78 Format 06-01-83 Page 1

TION DIVISION 2088

MEXICO 87501

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ALLOWABLE

JUL 20'88

PROSATION OFFICE	AUTHORIZATION TO TRANS	SPORT OIL A	ITAN DNA	JRAL GAS	00. 20	_
Decretor Petrus Oil Company,	L. P. /				ARTESIA, OF	
Address 12377 Merit Drive,		Dallas,	Texas	75251		
Reason(s) for filing (Check proper box] 0	ther iPlea	se explain)		
	Change in Transporter of:		r	TETEGRAVE 0	. 01 00	
New Welt		Dry Gas	1 -	EFFECTIVE 06	<u>5-U1-88.</u>	
Recompistion X Change in Ownership	Casinghead Gas	Condensate				
			'O C	D1076	Suite 270	0
If change of ownership give name and address of previous owner.	Mobil Producing TX &	NM Inc.,	9 Gre	enway Plaza	, Suite 2.0	· ·
and address of previous owner			Houst	on, Texas	77040	
II. DESCRIPTION OF WELL AN	D LEASE			Kind of Lease		Lease No.
Lease Name	Weil 140.			State, Federal	or Fee	1
GOVERNMENT DA	10 2 10 E. AUDION BO	NE PRIM	6,00	3 State, Federal	or Feb.	RAN NM-17093
Location	,					
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Unit Letter : : :						
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Line of Section 12 To						
III. DESIGNATION OF TRANS	DORTER OF OIL AND NATUR	AL GAS				
Mame of Authorized Transporter of Ci	or Condensare	Address (G	live addres	s to which approve	ed copy of this form	n is to be sent;
	-	PI	O Box	1183, Houst	on, TX 770	001
The Permian Corp.	sundread Gas (7 or Dry Gas	Address (C	ive addres	s to which approve	ed copy of this for	n is to be rent)
Name of Authorized Transporter of Ca	Sindhedd Gas & Sin Sin		0 0	2105 Hobbs	NM 88240)
Phillips 66 Natural Ga	as Co.	's gas gen	Tama coune	cted? "Mhe	n'	
If well produces all or liquids,	Unit	1		1	11-27-8	5
give location of tanks.	/NU. 12 213 216		Yes_		0 -	10 3
If this production is commingled w	ith that from any other lease or poc	ol, give commi	ingling or	der number:	105]	1000
					7-2,	1-88
NOTE: Complete Parts IV and	V on reverse side if necessary.				CK.	grafa
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VI. CERTIFICATE OF COMPLLA	ANCE			1151 6 75	ากอย	
s a la company de la company d	tions of the Oil Conservation Division has	ve APPRO	VED		1300	, 19
I hereby certify that the rules and regular	tion given is true and complete to the best	no l		Ond not Sig	neu by	
my knowledge and belief.	<u>,</u>	BY		Nika Wi	Hams	
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		TITLE				
1		The state of the s	is form is	to be filed in c	ompliance with	RULE 1104.
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winn we were	~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	— ii			alad has a tabulat	tion of the deviat

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 multiply completed wells.