

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION 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

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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)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	EFFECTIVE 06-01-88.
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<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	Well No. A/C 2 10	Pool Name, including Formation E. AVALON BONE SPRING, TEXAS	Kind of Lease State, Federal or Fee	Lease No. FEDERAL NM-1095
Location				
Unit Letter A	Feet From The 660	Line and N	Feet From The 660	E
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"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corp.	P. O. Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips 66 Natural Gas Co.	P. O. Box 2105, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit NE NW 12	Sec. 15
	Twp. 27E	Rge. 27E
	Is gas actually connected?	when
	Yes	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
Chgope

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

APPROVED JUL 27 1988, 19

Original Signed By
BY Walter 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 multiply completed wells.