

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate
		EFFECTIVE 06-01-88.

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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Government D A/C2	14	Fenton-Delaware, <del>14</del>	State, Federal or Fee Federal	NM17095
Location				
Unit Letter	R	2310 Feet From The	S Line and	2170 Feet From The
Line of Section	1	Township	21S	Range
			27E	N.M.P.M., 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, Sec., Twp., Rge.
NE NW 12	21S 27E
Is gas actually connected?	When
Yes	10-22-86

If this production is commingled with that from any other lease or pool, give commingling order number: Post 1 D-3

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

OIL CONSERVATION DIVISION

APPROVED JUL 27 1988  
BY Original Signed By  
Mike Williams  
TITLE SUPERVISOR, DISTRICT B

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.