

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUL 20 '88

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:	<u>EFFECTIVE 06-01-88</u>
<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	

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 <u>Stephens A Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>South Carlsbad - Morrow</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <u>N</u>	<u>1980</u> Feet From The	<u>W</u> Line and	<u>810</u> Feet From The	<u>S</u>
Line of Section <u>7</u>	Township <u>23S</u>	Range <u>27E</u>	N.M.P.M., <u>Eddy</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <u>X</u> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 175, Artesia, NM 88210</u>	
Name of Authorized Transporter of Casinghead Gas or Dry Gas <u>X</u> <u>Llano, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Hobbs, NM / Box 2521, Houston, TX</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>7</u>
	Twp. <u>23S</u>	Rge. <u>27E</u>
	Is gas actually connected? <u>Yes</u> when <u>7-25-73 / 10-9-73</u>	

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

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

OIL CONSERVATION DIVISION

APPROVED JUL 27 1988, 19
BY Original Signed By
Mike Williams
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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 all wells 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 multiphase completed wells.