STATE OF NEW MEXICO	AENIT					Form	n C-10 4	
ENERGY AND MINERALS CEPARTN	1					Revi	sed 10-01-78	
OIL CONSERVATION DIVISION						Form Page	nat 06-01-83	
DISTRIBUTION	P. O. BOX 2088							
FILE	C A	SANTA FE, NEW MEXICO 87501						
U.8.G.8.	34				~ ~	ECEIVED		
LAND OFFICE								
TRANSPORTER GAS		REQUEST FOR	ALLOWABLE					
OPERATOR			4D		-	IUL 20'88		
PROBATION OFFICE	AUTHORIZA	TION TO TRANSF	PORT OIL AND	NATURA	L GAS			
I						0. C. D.		
Operator					A	RTESIA, OFFIC	E	
Petrus Oil Compan	.y, L. P. V							
Address 12377 Merit Drive	. Suite 1600	ſ	Dallas, Tex	kas ,	75251			
Reason(s) for filing (Check proper			Other	(Please ex	plainj			
	Change in Tra	insporter of:						
New Well		_	y Gas	EFFE	CTIVE 06-	01-88		
Recompletion			ndensate					
Change in Ownership								
If change of ownership give nar	1 Malada Dava	ducing TX &	NM THE 'Q	Greenw	av Plaza	Suite 7	-00	
and address of previous owner_	MODI-I PTO	ducing ix q	<u>им пис., э</u> и	ouston	Texas 7	7046		
			11	ouscon,	TCX45 /	, 040		
II. DESCRIPTION OF WELL	AND LEASE	bi Name, Including F	ormation	K	ind of Lease		Lease No.	
Loasg Name	n	South Carls	bad - mor	NOW SI	iate, Federal q	For		
Location	1000	A1 .	jac	30		1.	7	
Unit Letter :	Feet From TI	h•Lin	• and(<u> </u>	Feet From The	<u> </u>		
	Township 235	Range	DTE	, NMPM,	Eddy	r	County	
Line of Section	Township 200		arc_					
	NEDODITED OF OF	ANTA MATTIRAT	GAS					
III. DESIGNATION OF TRA	NSPORTER OF OIL		Azaress (Give	address to	which approved	copy of this f	orm is to be sentj	
Name of Authorstee Humporter	1.00 1.	c	P.O. (un	1 د پر میں دا	75 artes	ia A	Im 88210	
Naray Crude a	10 purchas	or Dry Gas X	Address (Give			copy of this !	orm is to be sentj	
Name of Authorized Transporter o		0.1	11.14- 1)	ns 1	<u> </u>	1	uston TT	
Leno, Inc.	honewester	Two Rge.	is gas actually	connected			1 77001	
If well produces oil or liquids,	Unit Sec.		(100			18-73	10-9-73	
give location of tanks.			- Jeo				A 2	
If this production is commingle	d with that from any o	ther lease or pool.	give commingl	ing order n	umber:	Yoe	ST 10-3	
NOTE: Complete Parts IV a							7-29-88	
NOIE: Complete Paris IV a	nus y Uni leverse sure		1				Chapp	
VI. CERTIFICATE OF COMP	PHANCE				NSERVATIO	-		
	JUL 2 7 1988							
I hereby certify that the rules and rea	APPROVE	D	nal Signed					
been complied with and that the information given is true and complete to the bes my knowledge and belief.			BY Mike Williams					
my knowledge and bener.								
			TITLE	HIPERV	ISOR DIST	CRICT II		
1					e filed in co	mpliance with	h RULE 1104.	
Au - 1. C.	6 Suzann Wel	lch					ly drilled or deepen	
_ migan wall	Signature)		I wall this f	orm must t	e accompani	ed by a tabul	ation of the deviati	
0	•		tests taken	on the we	il in accorde	ince with RU	LE 111.	
Regulatory Coordinator			All sec	All sections of this form must be filled out completely for allo-				
07-1	able on new and recompleted wells.							
	Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of conditio							
	(Dele)		Separat	e Forms			each pool in multip	
		•	I completed *	relle.				