## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		П
SANTA FE		
FILE		
U.S.G.4.		
LAND OFFICE		
TRAMSPORTER	OIL	
	BAD	
OPERATOR		
PROMATION OFFICE		

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

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  I.			
Petrus Oil Company, L. P.			
Address	los Toyos 75251 2207		
12201 Merit Drive, Suite 900 Dallas, Texas 75251-2293  Reesen(s) for filing (Check proper box)  Other (Please explain)			
New Well Change in Transporter of:			
Recompletion OII D	EFFECTIVE 03-01-87		
Change in Ownership Casinghead Gas	Condensate		
If change of ownership give name Amoco Production Company, P. O. Box 68, Hobbs, NM 88240			
II. DESCRIPTION OF WELL AND LEASE  [Legse Name   Well No.   Pogl Name, Including Formation   Kind of Lease   Leges No.			
Suraringen "B" 4 Peterson	Penn assoc. State, Federal or Fee Full		
Unit Letter E: 2086 Feet From The Morth Line and 766 Feet From The Wist			
Line of Section 20 Township 5-5 Range	33-E, NMPM, ROOSLUTET COUNTY		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Cil or Condensate	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas	P.O. BOX 183 Jouston JX 71001 Address (Give address to which approved copy of this form is to be sent)		
(Citia) Survice) Dil CO.	P.O. Box 300 Julsa OK 14102		
If well produces oil or liquids, give location of tanks.  Unit   Sec.   Twp.   Rge.	is gas actually connected? When 12-10-74		
If this production is commingled with that from any other lease or pool, give commingling order number:			
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
1 hereby certify that the rules and regulations of the Oil Conservation Division have	MAR J U 1987		
been complied with and that the information given is true and complete to the best of	. 19		
my knowledge and belief.	BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR		
	TITLE		
0 1	This form is to be filed in compliance with RULE 1104.		
Suzann Jourdan (Signature)	If this is a request for sllowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation		
Regulatory Coordinator (Title)	tests taken on the well in accordance with AULE 111.  All sections of this form must be filled out completely for allow-		
03-13-87	able on new and recompleted wells.		
(Date)  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			