STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE			
FILE			
U.8.0.8.]	
LAND OFFICE			
TRANSPORTER	011		
	GAS		
OPERATOR			
PROBATION 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

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

REQUEST FOR ALLOWABLE AND

PROBATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Operator Petrus Oil Company, L.	P.				
Address 12377 Merit Drive, Sui		Dallas, Texas	75251		
Reeson(s) for filing (Check proper box)		Other (Please	e explain)		
New Well	Change in Transporter of:		,		
Recompletion	X 011 Dr	EFFECTIVE 05-01-88			
Change in Ownership	Casinghead Gas Co	ondensate :			
If change of ownership give name and address of previous owner	· · · · · · · · · · · · · · · · · · ·	•			
II. DESCRIPTION OF WELL AND LI	EASE Well No. Pool Name, Including F	ormation	Kind of Lease	Lease No.	
Legae Name	1		1	-	
State 'D''	1 Maljamar Grayb	urg-San Andres	State State	2516-B	
Location					
Unit Letter 0; 660	_ Feet From TheSLin	• and <u>1980</u>	Feet From TheE		
Line of Section 11 Townshi	p 17S Range 3	3E . NMPM	Lea	County	
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil JM Petroleum Corporation Name of Authorized Transporter of Casingh Phillips 66 Natural Gas C If well produces oil or liquids, qive location of tanks.	or Condensate	2323 Bryan Address (Give address 4001 Penbrook Is gas actually connect Yes	i	01	
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.		APPROVED	ONSERVATION DIVISION MAY 1 9 1988 GINAL SIGNED BY JERRY SEXTO DISTRICT I SUPERVISOR	, 19) 14	
		TITLE			
0		This form is to be filed in compliance with RULE 1104.			
(Signature)		well, this form mus	uest for allowable for a newly drill t be accompanied by a tabulation of well in accordance with RULE 11	of the deviatic	
Regulatory Coord	Regulatory Coordinator (Title) All sections of this form must be filled out com able on new and recompleted wells.		etely for allow		
05- <u>09-88</u>		Fill out only	Sections I. II. III. and VI for the	nges of owner	
(Date)		well name or number	r, or transporter, or other such chan	En of cougitios	