## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

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DISTRIBUTION			
SANTA FE			
PILE			_
U.8.0.4.			-
LAND DFFICE			_
TRAMSPORTER	OIL		_
	GAS		
OPERATOR			
PRORATION 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

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.

## REQUEST FOR ALLOWABLE

QPERATOR	AND	
	SPORT OIL AND NATURAL GAS	
I.	SPORT OIL AND NATURAL GAS	
Operator		
Petrus Oil Company, L. P.		
Address		
12201 Marit Drive Suite 000 D-1	(1 7) 75254 2005	
12201 Merit Drive, Suite 900 Dal	las, Texas 75251-2293	
	Other (Please explain)	
	EFFECTIVE 03-01-87	
	Dry Gas EFFECTIVE US-UI-07	
Casinghead Gas Casinghead Cas	Condensate	
If change of agreemble give and		
If change of ownership give name Amoco Production Company and address of previous owner Amoco Production Company	y, P. O. Box 68, Hobbs, NM 88240	
•		
II. DESCRIPTION OF WELL AND LEASE	•	
Leese Name   Well No. Pool Name, Including i	Formation $O$ . A . Kind of Lease $B-1/078$ Lease No	
State mm (on 1 1 mith and	uson Karoh Wolforston Fooderal or Foo 6 - 4/99 0000	
Location	70. 80 (1.5)	
Unit Letter I : 3637 Feet From The Morth Li	QIA S. +	
Unit Letter : 303 / Feet From The / 100th Li	ine and 8/0 Feet From The Cast	
1,000	10 S	
Line of Section 3 Township 16-5 Range	32-E, NMPM, Sea County	
W Decicy among an entire control		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA		
Name of Authorized Transporter of Cit or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Wistun Ou Mansportation Co.	1P.O. Box 1183. Houston, Sx 17001	
Name of Authorized Transporter of Casinghed Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
Conoco Unc	1P.O. BOX 2197. HOUSTON-1X	
If well produces oil or liquids, Unit Sec. Twp. Rgs.	is gas actually connected? When	
give location of tanks. $14:3:16:32$	1 Us : 10-9-80	
If this production is commingled with that from any other lesse or pool,		
	give comminging order number:	
NOTE: Complete Parts IV and V on reverse side if necessary.		
	1	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have	MAR 3 0 1987	
been complied with and that the information given is true and complete to the best of	APPROVED, 19	
my knowledge and belief.	BYORIGINAL SIGNED BY JERRY SEXTON	
	DISTRICT I SUPERVISOR	
· ·	TITLE	
$\langle \rangle$		
Surann Surdan Suzann Jourdan	This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a name deliver on decomposition of the control of the con		
(Signature)  well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with AULE 111.		
(Title)  All sections of this form must be filled out completely for all		
able on new and recompleted wells.		
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