

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PERMITS OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Petrus Oil Company, L. P.

Address  
12201 Merit Drive, Suite 900 Dallas, Texas 75251-2293

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<u>EFFECTIVE 03-01-87</u> Other (Please explain)
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Amoco Production Company, P. O. Box 68, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal BI</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Maljamas Strawn</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>LC-05721</u>
Location				
Unit Letter <u>N</u> : <u>480</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>28</u> Township <u>17-S</u> Range <u>32-E</u> , NMPM, <u>Lin</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Western Oil Transportation Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2587, Hobbs, NM 88240</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>N</u> : <u>28</u> : <u>17-S</u> : <u>32-E</u> <u>No</u>

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

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 Jourdan Suzann Jourdan  
(Signature)  
Regulatory Coordinator  
(Title)  
03-13-87  
(Date)

OIL CONSERVATION DIVISION  
MAR 30 1987

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_ ORIGINAL SIGNED BY JERRY CEXTON  
TITLE \_\_\_\_\_ DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened 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 allowable 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 multiply completed wells.

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HOBBS OFFICE