ENERGY MO MINERALS DEPAN			
			Form C-104
		Revised 10-01-78 Format 05-01-83	
BANTA FE			Page 1
FILE	P. O. BOX 2088		•
LAND OFFICE	SANTA FE, NEW MEXICO 87501		
TRANSPORTER GAS		OR ALLOWABLE	
OPERATOR		AND ·	
PROMATION OFFICE	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS	
1.			
Operator			
Petrus Oil Com	pany, L. P.		
Address			
<u>12201 Merit Dr</u>		las, Texas 75251-2293	
Reeson(s) for filing (Check prop	er bozj	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	i i i i i i i i i i i i i i i i i i i	EFFECTIVE 03-01-87	
XX Change in Ownership	Casinghead Gas 🚺 C	Condensate	
I change of ownership give no	Amoco Production Company	, P. O. Box 68, Hobbs, NM 88240	h
and address of previous owner		, 1. 0. DOX 08, 110005, NMI 88240)
I. DESCRIPTION OF WELL	AND IFASE		
Long Name	Well No. Pool Name, Including F	ormation Kind of Lease	
State MC.	1 W And		Abot. Dura O
	1 171. Unauso	A AMONTO A AND FROM A FROM A	au p-11078
	1200 00.11		
Unit Letter;;	1320 Feet From The 7 101th Lit	ie and Feet From The	ast
3	$I_{loc} \leq$		
Line of Section 3	Township 16-5 Range	32-E, NMPM, LO	County
III. DESIGNATION OF TRA	ANSPORTER OF OIL AND NATURAL		
Name of Authorized Transporter	of Cil X or Condensate	Asdress (Give address to which approved copy of	this form is to be sent)
Western Du	Jansportation Co.	P.D. KOK 1183 , 4/0115	ton 1× 1100
Name of Authorized Transporter	of Casinghead/Gas or Dry Gas	Address (Give address to which approved copy of	this form is to be sent)
Conoco Joc.		BOX 460, HOHM), Y	7 m 88241
If well produces oil or liquids.	Unit Sec. Twp. Rge.	is gas actually connected? When	1. 11. 000 70
give location of tanks.	A 3 16-5 32-8		85
			<i>ه</i> ي
ints production is commingle	ed with that from any other lease or pool,	give commingling order number:	
IOTE: Complete Parts IV a	and V on reverse side if necessary.		
		11	
1. CERTIFICATE OF COME	PLIANCE	OIL CONSERVATION DIV	ISION
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			41)
		APPROVED MAR 3 () 198	. 19
y knowledge and belief.	imation given is true and complete to the best of		
· · · · · · · · · · · · · · · · · · ·	1	BYORIGINAL SIGNED BY J	
		TITLE DISTRICT I SUPER	RVISOR
() A			
Alle a completion of the second terms		This form is to be filed in compliance	WITH RULE 1104.
- yum p	Signature	If this is a request for allowable for a	naviv dellad on domast
		Well. (nie ignm must de accompanied by a t	abulation of the devices -
Kegula	tory Coordinator	tests taken on the well in accordance with	AULE 111.

I

(Title)

(Date)

03-13-87

well, this form must be accompanied by a tabulation of tests taken on the well in accordance with AULE 111. tabulation of the deviation

All sections of this form must be filled out completely for allow-able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

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

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