STATE OF NEW MEXIC				
ENERGY AND MINERALS DEPAR	ITMENT			rm C-104 vised 10-01-78
				mat 06-01-83
DISTRIBUTION SANTA FE				je 1
FILE	P. O. BOX 2088 			
U.8.G.A.	SANTA FE, NEV	MEXICO 8/501		
LAND OFFICE				
TRANSPORTER GAS	REQUEST FOR	R ALLOWABLE		
OPERATOR	·	ND		
PROBATION OFFICE	AUTHORIZATION TO TRANS	PORT OIL AND NATU	RAL GAS	
I. Operator				
Petrus Oil Comp.	any, L. P.		······································	<u> </u>
Address 12377 Merit Dri	ve, Suite 1600	Dallas, Texas	75251	
Reason(s) for filing (Check prop	per box;	Other (Pleas	e explain)	
New Well	Change in Transporter of:			
Recompletion		y Gas EFFEC	TIVE 05-01-88	
Change in Ownership	Casinghead Gas Ca	ondensate		
If change of ownership give n and address of previous owne II. DESCRIPTION OF WEL	L AND LEASE	·		
Lease Name	Well No. Pool Name, including F	ormation	Kind of Lease	Lease No.
State ' 'D''	5 Sanmal Queen		State, Federal or Fee Sta	<u>te 2516-B</u>
Location Unit Letter A;	990 Feet From The N Lin	• and <u>330</u>	Feet From The E	
Line of Section 11		3E , NMPN	Lea	County
III. DESIGNATION OF TR	ANSPORTER OF OIL AND NATURAL	GAS	·	
Name of Authorized Transporter	of Cil X or Condensate	Address (Give address to which approved copy of this form is to be sent)		
JM Petroleum Corpo	ration	2323 Bryan LB 185, Dallas, TX 75201 Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter	of Casinghead Gas 💭 or Dry Gas 🗔	Address (Give address	to which approved copy of this	form is to be sent)
Phillips 66 Natura	1 Gas Co. Warren fet		, Odessa, TX 7976 2	L. '
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connect		
give location of tanks.	<u>0 11 175 33E</u>	Yes	03-11-8	8
If this production is comming	led with that from any other lease or pool,	give commingling orde	r number: PC-733	
-	and V on reverse side if necessary.			
VI. CERTIFICATE OF COM	IPLIANCE		ONSERVATION DIVISION MAY 1 9 1988	N
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	minu a e luuu	, 19
		. ORIGINAL SIGNED BY JERRY SEXTON		
		BYDISTRICT I SUPERVISOR		
		TITLE		<u></u>
1. 1.)	Suzann Walch	This form is to	be filed in compliance with	h RULE 1104.

(Signature)

(Tule)

Regulatory Coordinator

05-09-88 (Dece)

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If this is a request for allowable for a newly drilled or deepenwell, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.

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 transporter, or other such change of condition

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