STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			T
SANTA FE		T	
PILE		Γ	
U.1.0.4.		Γ	
LAND OFFICE			Γ
TRANSPORTER	OIL		
	DAG		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-63 Page 1

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

REQUEST FOR ALLOWABLE

OPERATOR AND			
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Operator			
Petrus Oil Company, L. P.			
Address			
12201 Merit Drive, Suite 900 Dal	las, Texas 75251-2293		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Weil Change in Transporter of:			
Recompletion OII	EFFECTIVE 03-01-87		
Casinghead Gas	Condensate		
If change of ownership give name			
and address of previous owner Amoco Production Company	, P. O. Box 68, Hobbs, NM 88240		
	A the sales		
II. DESCRIPTION OF WELL AND LEASE A Data of the long o			
Pika Yadaral Deinha	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Location Decrease	State, Federal or Fee +ldual		
Unit Letter A: 330 Feet From The Mouth Line and 330 Feet From The East			
Line of Section (a Township 23-5 Range	38E, NMPM, Fla County		
Cosmy			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL			
Name of Authorized Transporter of Cit or Condensate Against (Give address to which approved copy of this form is to be sent)			
Juas Thw Mexico Pipuline CO.	BOX 1510, Indland, IX		
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
Tlathon Tlatual Das Co. Box 2376 Nows nm			
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rqe.	is gas actually connected? When $6-19-63$		
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.			
	OIL CONCEDVATION ON VICTOR		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED 1987		
seen complied with and that the information given is true and complete to the best of	BY CRIGINAL SIGNED BY JERRY SEXTON		
ny knowledge and belief.	DISTRICT I SUPERVISOR		
	TITLE		
//			
Surann Jourdan Suzann Jourdan	Jourdan This form is to be filed in compliance with RULE 1104.		
(Signature)	If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation.		
Regulatory Coordinator	tests taken on the well in accordance with RULE 111.		
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
03-13-87	Fill out only Sections I. II, III, and VI for changes of owner.		
(Date)	well name or number, or transporter, or other such change of condition.		

completed wells.