FORM 312–R APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Application for renewal of earth station license E970089

1. Applicant						
Name: PetroCom License Corporation		Phone Number:	504-736-9400			
DBA Name	2.	Fax Number:	504-734-6100			
Street:	5901 Earhart Expressway	E-Mail:	kwright@petrocom.com			
City:	Harahan	State:	LA			
Country:	USA	Zipcode:	70123 –			
Attention:	Mr Kenneth Wright					

Name:	Russell Fox	Phone Number:	(202) 434–7300
ompany:	Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.	Fax Number:	(202) 434–7400
Street:	701 Pennsylvania Avenue N.W.	E-Mail:	rfox@mintz.com
	Suite 900		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 –
Attention:	Russell Fox	Relationship:	Legal Counsel

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 23

4	4. Is a fee submitted with this application?			
	If Yes, complete and attach FCC Form 159	If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).		
	Governmental Entity Noncommercial educational licensee			
	Other(please explain):			

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESLIC1996121300070	1997–02–26 00:00:00.0
(c)Call Sign	(d)Location
E970089	South March Isl. 69, Oil Platform GM

(e)Nature of Service Domestic fixed satellite service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)		
(g)Expiration Date 2007–02–26 00:00:00.0	Petition to reinstate:		
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the la application covering this station was filed: N/A			

Items 7(a) and (b) apply to Part 21 licenses only. 7(a) Has there been removal of equipment or alteration of facilities as to render the Station not operational?			000	Yes No N/A
If YES when:			-	
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?	ŏ	Yes No N/A		
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer applicant's relation to the station, or financial responsibility; that applicants most recent application or report embo identified below, is to be considered as a part of this application, and the truth of the statements therein contained is here any further exceptions, not already covered in question 6 or 7. File Number SES–T/C–20060920–01757 Date 09/20/2006	dying t	this infor	rmatio	on, as

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?

No No

N/A

If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:

If NO, Explain briefly why not:

10. Certification: The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to section 5301 of Anti–Drug Abuse Act of 1988, 21 U.S.C. 853a, or, in the case of a nonindividual applicant (e. g., corporation, partnership or other unincorporated association), no party to the application is subject to denial of federal benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).

a. Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests a station license in accordance with this application. Applicant acknowledges that all attached exhibits are a material part hereof.b. The undersigned, individually and for the applicant, hereby certifies that the statements made in this application are true, complete and correct to the best of the signer's knowledge and belief, and are made in good faith.

11. Designate Appropriate Classification:

Individual

Unincorporated Association

- Partnership
- Corporation

Governmental Entity

Other (please specify)

12. Please supply any need attachments.

1:	2:		3:
CERTIFICATION			
13. Typed Name of Person Signing14. Title of Person SigningKenneth WrightPresident and CEO			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / ORIMPRISONMENT (U.S. Code, Title 18, Section1001), AND/OR REVOCATION OF ANY STATIONAUTHORIZATION (U.S. Code, Title 47, Section312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).			

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