

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Request for STA for High Island A-334B

**1. Applicant**

<b>Name:</b>	PetroCom License Corporation	<b>Phone Number:</b>	504-736-9400
<b>DBA Name:</b>		<b>Fax Number:</b>	504-734-6100
<b>Street:</b>	5901 Earhart Expressway	<b>E-Mail:</b>	jdenton@petrocom.com
<b>City:</b>	Harahan	<b>State:</b>	LA
<b>Country:</b>	USA	<b>Zipcode:</b>	70123 -
<b>Attention:</b>	Jon Denton		

**2. Contact**

<b>Name:</b>	Russel H. Fox	<b>Phone Number:</b>	202-434-7483
<b>Company:</b>	Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, PC	<b>Fax Number:</b>	202-434-7400
<b>Street:</b>	701 Pennsylvania Avenue, N.W. Suite 900	<b>E-Mail:</b>	RFox@mintz.com
<b>City:</b>	Washington DC	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20004 -
<b>Contact Title:</b>	Attorney	<b>Relationship:</b>	Legal Counsel

3. Reference File Number SESLIC2004062500885

4a. 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):

4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date  
07/04/2004

7. CityOil Platform in Gulf of Mexico

8. Latitude  
(dd mm ss.s h) 28 7 13.0 N

9. State	10. Longitude (dd mm ss.s h) 93 40 26.0 W
11. Please supply any need attachments. Attachment 1: STA Justification                      Attachment 2:                      Attachment 3:	
12. Description. (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">PetroCom License Corporation requests an extension of an STA already granted for a period of sixty (60) days while an application for permanent authority is being reviewed.</div>	
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application"; for these purposes. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Jon Denton	15. Title of Person Signing Engineering Manager
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).	

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