

Approved by OMB  
3060-0678

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA for testing antenna before deployment

1. Applicant

Name:	PetroCom License Corporation	Phone Number:	504-736-9400
DBA Name:		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		



File # SES-STA-20070921-01307  
Call Sign 2010119 Grant Date 9/25/07  
(or other identifier)  
From 9/25/07 Term Dates 10/25/07  
Appr. Jonathan R. Spriggs

**2. Contact**

<b>Name:</b>	Russell H. Fox	<b>Phone Number:</b>	202.434.7483
<b>Company:</b>	Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.	<b>Fax Number:</b>	202.434.7400
<b>Street:</b>	701 Pennsylvania Ave., NW Suite 900	<b>E-Mail:</b>	rfox@mintz.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20004
<b>Attention:</b>	Russell Fox	<b>Relationship:</b>	Legal Counsel

(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)

3. Reference File Number SESLIC2007062200852 or Submission ID

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 Transmi/Receive Earth Station

5. Type Request

- Use Prior to Grant
- Change Station Location
- Other

6. Requested Use Prior Date  
09/25/2007

7. City/Ingle side	8. Latitude (dd mm ss.s h) 27 52 5.0 N
9. State TX	10. Longitude (dd mm ss.s h) 97 10 24.0 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.) STA for testing antenna onshore prior to deployment in the Gulf of Mexico. <div style="border: 1px solid black; height: 100px; width: 100%;"></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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