

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

Application for Special Temporary Authority (WC167)

**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@braodpointinc.com |
| <b>City:</b>      | Harahan                      | <b>State:</b>        | LA                        |
| <b>Country:</b>   | USA                          | <b>Zipcode:</b>      | 70123 -                   |
| <b>Attention:</b> | Jon Denton                   |                      |                           |

|                                                                                                                                                                                                                                                                                                                                                             |                                         |                      |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------|-----------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                                                                           |                                         |                      |                       |
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                                | Raul Magallanes                         | <b>Phone Number:</b> | 281.317.1397          |
| <b>Company:</b>                                                                                                                                                                                                                                                                                                                                             | The Law Office of Raul Magallanes, PLLC | <b>Fax Number:</b>   | 281.271.8085          |
| <b>Street:</b>                                                                                                                                                                                                                                                                                                                                              | PO Box 1213                             | <b>E-Mail:</b>       | info@rmtelecomlaw.com |
| <b>City:</b>                                                                                                                                                                                                                                                                                                                                                | Houston                                 | <b>State:</b>        | TX                    |
| <b>Country:</b>                                                                                                                                                                                                                                                                                                                                             | USA                                     | <b>Zipcode:</b>      | 77546    –            |
| <b>Attention:</b>                                                                                                                                                                                                                                                                                                                                           | Raul Magallanes                         | <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   or Submission ID                                                                                                                                                                                                                                                                                                                 |                                         |                      |                       |
| 4a. Is a fee submitted with this application?<br><input checked="" type="radio"/> If Yes, complete and attach FCC Form 159.   If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).<br><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee<br><input type="radio"/> Other(please explain): |                                         |                      |                       |
| 4b. Fee Classification   CGX – Fixed Satellite Transmit/Receive Earth Station                                                                                                                                                                                                                                                                               |                                         |                      |                       |
| 5. Type Request<br><br><div style="display: flex; justify-content: space-around;"> <span><input checked="" type="radio"/> Use Prior to Grant</span> <span><input type="radio"/> Change Station Location</span> <span><input type="radio"/> Other</span> </div>                                                                                              |                                         |                      |                       |
| 6. Requested Use Prior Date<br><div style="display: flex;"> <div style="flex: 1; border-right: 1px solid black; padding-right: 10px;">09/28/2009</div> <div style="flex: 1; padding-left: 10px;"></div> </div>                                                                                                                                              |                                         |                      |                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 7. City Gulf of Mexico                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8. Latitude<br>(dd mm ss.s h) 29 23 16.0 N            |
| 9. State LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10. Longitude<br>(dd mm ss.s h) 93 28 28.0 W          |
| 11. Please supply any need attachments.<br>Attachment 1: Cover Letter                      Attachment 2: Prelim.Analysis                      Attachment 3: SD Tables                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       |
| 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.)<br><div style="border: 1px solid black; padding: 10px; min-height: 100px;">           Application for Special Temporary Authority (WC167)         </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes                      <input type="radio"/> No         </div> |                                                       |
| 14. Name of Person Signing<br>Jon Denton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 15. Title of Person Signing<br>Director of Technology |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).                                                                                                                                                                                                                                                                                            |                                                       |

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