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Form C-104
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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

O. C. D.
ARTESIA, OFFICE

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	GAS	✓
OPERATOR		✓
REGISTRATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
PELTO OIL COMPANY ✓

Address
One Allen Center, Suite 1800, Houston, Texas 77002

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Other (Please explain) Change well name & number from <u>O'BRIEN J No. 6</u> The Twin Lakes Field San Andres Unit was authorized by NMOC Order No. 2-8557.
<input type="checkbox"/> Recompletion	<input type="checkbox"/> casinghead Gas	<input type="checkbox"/>	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership				

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
TLSAU	51	Twin Lakes SA Assoc.	State, Federal or Fee FEE	

Location
Unit Letter P : 560 Feet From The South Line and 990 Feet From The EAST
Line of Section 31 Township 8S Range 29E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P. O. Box 3119, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Pelto Oil Company	One Allen Center, Suite 1800, Houston, TX 77002

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Req.	Is gas actually connected?	When
	N	31	8S	29E	Yes	2-88

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.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Bernie Johnson
(Signature)
Manager, Production Admin.
(Title)
2-16-88
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 4 1988, 19 _____
BY Original Signed By Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res'v.
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (D.F., RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL
 (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Brle.	Water-Brle.
	Gas-MCF	

Actual Prod. Test-MCF/D	Length of Test	Brle. Condensate/MCF	Gravity of Condensate
Tooling Method (Prior, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size