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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES ORDERED		
DISTRIBUTION		
SANTA FE	<input checked="" type="checkbox"/>	
FILE	<input checked="" type="checkbox"/>	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
OPERATOR	<input checked="" type="checkbox"/>	
PERMATION OFFICE		

**I.**

Operator Pelto Oil Company

Address One Allen Center, Suite 1800, 500 Dallas Street, Houston, TX 77002

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>O'Brien "FF"</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Twin Lakes-San Andres Assoc.</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>I</u>	: <u>2310</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>			
Line of Section <u>6</u>	Township <u>9S</u>	Range <u>29E</u>	, NMPM, <u>Chaves</u> 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"/> <u>The Permian Corporation Permian (E.H. 9 / 1)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183 Houston, TX 77252-1183</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Pelto Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>500 Dallas Street, Suite 1800, Houston, TX 77002</u>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When
	<u>C</u>   <u>5</u>   <u>9S</u>   <u>29E</u>   <u>yes</u>   <u>6-30-81</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 10-24-86

NOTE: Complete Parts IV and V on reverse side if necessary. Dist ID-3  
By GT: WEC

**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 Malson (Signature)  
Production Administration Manager (Title)

October 12, 1986 (Date)

OIL CONSERVATION DIVISION

APPROVED OCT 20 1986, 19 \_\_\_\_\_

BY Let A. Clements  
Supervisor District II

TITLE \_\_\_\_\_

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 deviation 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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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REGISTRATION OFFICE	

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AUG 21 1986  
O. C. D.  
OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87505

RECEIVED BY  
SEP - 5 1986  
O. C. D.  
ARTESIA, OFFICE

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AND  
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Operator Pelto Oil Company

Address One Allen Center, Suite 1800, 500 Dallas Street, Houston, TX 77002

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner \_\_\_\_\_

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>O'Brien "FF"</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Twin Lakes-San Andres Assoc.</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
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Location

Unit Letter I : 2310 Feet From The South Line and 990 Feet From The East

Line of Section 6 Township 9S Range 29E , NMPM, Chaves County

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183 Houston, TX 77252-1183</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Liquid Energy Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4000, The Woodlands, TX 77380</u>

If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>5</u>	Twp. <u>9S</u>	Req. <u>29E</u>	Is gas actually connected? <u>yes</u>	When <u>6-30-81</u>
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If this production is commingled with that from any other lease or pool, give commingling order number: 9-12-86  
*chy LT:NRG*

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 Malson  
Bernie Malson (Signature)  
Production Administration Manager (Title)  
August 15, 1986 (Date)

OIL CONSERVATION DIVISION

APPROVED SEP 8 1986 19  
Original Signed By  
BY Les A. Clements  
Supervisor District II

TITLE \_\_\_\_\_

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.  
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