

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

FEB 24 '88

O. C. D.  
ARTESIA, OFFICE

Operator PELTO OIL COMPANY ✓	
Address One Allen Center, Suite 1800, Houston, Texas 77002	
Reason(s) for filing (Check proper box)	Other (Please explain) Change well name & number from <u>CITGO A STATE No. 1</u> . The Twin Lakes Field San Andres Unit was authorized by NMOC Order No. 2-8557.
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name TLSAU	Well No. 46	Pool Name, including Formation Twin Lakes SA Assoc.	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. 06-4681
Location Unit Letter <u>0</u> : <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>EAST</u> Line of Section <u>36</u> Township <u>8S</u> Range <u>28E</u> , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> N/A Injector	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rqs. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: 5-6-88

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

OIL CONSERVATION DIVISION

APPROVED MAY 4 1988, 19\_\_\_\_  
Original Signed By  
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 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.

# IV. COMPLETION DATA

Designate Type of Completion - (X)			
Oil Well	Gas Well	New Well	Workover
Deepen	Plug Back	Some Res'v.	Dill. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth
Corrections (DF, RKB, RT, CR, etc.)		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

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

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

AS WELL