

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-104
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OIL CONSERVATION DIVISION FEB 24 '88

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501 O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.O.B.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRODUCTION OFFICE		

I. Operator

PELTO OIL COMPANY ✓

Address

One Allen Center, Suite 1800, Houston, Texas 77002

Reason(s) for filing (Check proper box)

☐ New Well ☐ Change in Transporter of:

☐ Recompletion ☐ Oil ☐ Dry Gas

☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate

Other (Please explain) Change well name & number from CITGO STATE No. 2

The Twin Lakes Field San Andres Unit was authorized by NMOC Order No. 2-8557.

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	36	Twin Lakes SA Assoc.	State, Federal or Fee <u>STATE</u>	K-2803

Location

Unit Letter J : 1450 Feet From The South Line and 2310 Feet From The EAST

Line of Section 36 Township 8S Range 28E , 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.	Rge.	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: 5-6-88

NOTE: Complete Parts IV and V on reverse side if necessary. chg well name

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.

Benny M. Pelt
(Signature)

Manager, Production Admin.
(Title)

2-16-88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 4 1988, 19

Original Signed by Mike Williams

BY Oil & Gas Inspector

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 multiple completed wells.

7. COMPLETION DATA

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

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size