

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

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

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Pelto Oil Company

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Citgo State</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Twin Lakes-San Andres Assoc.</u>	Kind of Lease <u>State, Federal or Fee</u>	State <u>State</u>	Lease No. <u>K-2803</u>
Location					
Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>North</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, <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</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
	F 36 8S 28E yes 10-22-78 <u>Post ID-3</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 10-24-83  
NOTE: Complete Parts IV and V on reverse side if necessary. chgGT:bEC

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  
OCT 20 1986  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
Original Signed By  
BY Los 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.