

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer DD, Azusa, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

ckf  
Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page  
RECEIVED  
GT  
dp

NOV 27 '89

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>ENERGY DEVELOPMENT CORPORATION</b>		Well APN No. <b>30-005-60569</b>	O. C. D. <b>ARTESIA, OFFICE</b>
Address <b>1000 Louisiana, Suite 2900, Houston, Texas 77002</b>			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)			
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>PELTO OIL COMPANY, 500 Dallas, Suite 1800, Houston, Texas 77002</b>			

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>TLSAU</b>	Well No. <b>29</b>	Pool Name, including Formation <b>Twin Lakes - San Andres Assoc</b>	Kind of Lease <b>State</b>	Lease No. <b>OG-4681</b>
Location Unit Letter <b>H</b> : <b>2310</b> Feet From The <b>North</b> Line and <b>990</b> Feet From The <b>East</b> Line Section <b>36</b> Township <b>8S</b> Range <b>28E</b> , <b>NMPM</b> , <b>Chaves</b> 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"/> <b>ENRON OIL TRADING &amp; TRANSPORTATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 10607, Midland, Texas 79702</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>ENERGY DEVELOPMENT CORPORATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>1000 Louisiana, Suite 2900, Houston, TX 77002</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>N</b> Sec. <b>31</b> Twp. <b>8S</b> Rge. <b>29E</b>	Is gas actually connected? <b>Yes</b> When? <b>02-86</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. 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.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					<b>Post ID-3</b>			
					<b>12-8-89</b>			
					<b>shy ap. LT: PER</b>			
					<b>ET: PAC</b>			

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**OIL WELL** (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 Tank	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

**GAS WELL**

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

**VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

*Michael M. Bauer*  
Signature  
**Michael M. Bauer** Agent  
Printed Name  
**11-30-89** Title  
**(713) 370-7392**  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **DEC - 8 1989**

By **ORIGINAL SIGNED BY**  
**MIKE WILLIAMS**  
**SUPERVISOR, DISTRICT II**

Title \_\_\_\_\_

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.