

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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FEB 24 '88

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

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>TLSAU</u>	Well No. <u>10</u>	Pool Name, including Formation <u>Twin Lakes SA Assoc.</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No.
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>WEST</u> Line of Section <u>25</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 ☒ or Condensate ☐ <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 3119, Midland, Texas 79702</u>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Pelto Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>One Allen Center, Suite 1800, Houston, TX 77002</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>31</u>
	Twp. <u>8S</u>	Rge. <u>29E</u>
Is gas actually connected?	When	
<u>Yes</u>	<u>2-88</u>	<u>Part ID-3</u>

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.

Bennie M. Nelson
(Signature)
Manager, Production Admin.
(Title)
2-16-88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 4 1988, 19____
Original Signed By
BY Mike Williams
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 deviated 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 own 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.

V. COMPLETION DATA

Designate Type of Completion - (X)

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