

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, 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

451
DP
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
RECEIVED

NOV 27 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | | |
|--|--|------------------------------|-----------------------------|
| I. Operator ENERGY DEVELOPMENT CORPORATION ✓ | | Well API No. 30-005-60648 | O. C. D. ARTESIA, OFFICE |
| Address 1000 Louisiana, Suite 2900, Houston, Texas 77002 | | | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Section III not applicable - Waterflood Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Injection well | | | |
| If change of operator give name and address of previous operator PELTO OIL COMPANY, 500 Dallas, Suite 1800, Houston, Texas 77002 | | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|----------------------|-----------|
| Lease Name TLSAU | Well No. 2 | Pool Name, including Formation Twin Lakes - San Andres Assoc. | Kind of Lease Fee | Lease No. |
| Location Unit Letter K : 1650 Feet From The South Line and 2310 Feet From The West Line Section 25 Township 8S Range 28E, 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 | Address (Give address to which approved copy of this form is to be sent) N/A | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A | Address (Give address to which approved copy of this form is to be sent) N/A | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit N/A | Sec. N/A | Twp. N/A | Rge. N/A | Is gas actually connected? N/A | When? N/A |
| 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 | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | Post ID-3 | | | |
| | | | | | 12-8-89 | | | |
| | | | | | sig up | | | |

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
Printed Name
11-06-89
Date

Agent
Title
(713) 370-7392
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.