

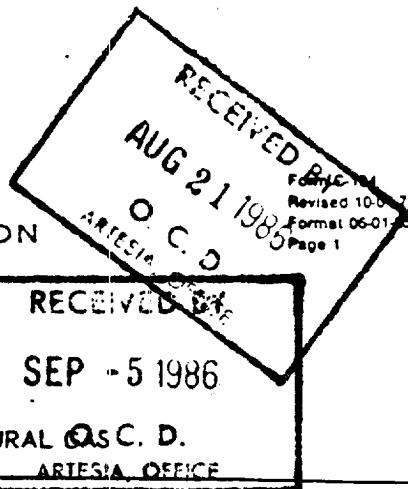
STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION	
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LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL
OPERATOR	<input checked="" type="checkbox"/> GAS
PLORATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS C. D.



Operator Pelto Oil Company ✓	
Address One Allen Center, Suite 1800, 500 Dallas Street, Houston, TX 77002	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien "J"	Well No. 2	Pool Name, including Formation Twin Lakes-San Andres Assoc.	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>J</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>8S</u> Range <u>29E</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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, TX 77252-1183	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Liquid Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4000, The Woodlands, TX 77380	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 36
	Twp. 8S	Rge. 28E
	Is gas actually connected? yes	When 10-9-80

If this production is commingled with that from any other lease or pool, give commingling order number: 9-12-86

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.

Bernie Malson (Signature)  
Production Administration Manager (Title)  
August 15, 1986 (Date)

OIL CONSERVATION DIVISION  
SEP 8 1986  
APPROVED \_\_\_\_\_, 19 \_\_\_\_\_  
Original Signed By  
BY Les 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 filled for each pool in multiple completed wells.