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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Image:	
I. Operated	
Pelto Oil Company / Address One Allen Center, Suite 1800, 500 Dallas Stre	et, Houston, TX 77002
Address One Allen Center, Suite 1800, 500 Daride	Other (Please explain)
Transporter of:	
New Well X Oil Condens	g10
Recompision Casinghead Gas Converte	
Change in Ownership	
If change of ownership give name and address of previous owner	Lease No.
and address of proven	tion Kind of Lease State, Federal or Fee
II. DESCRIPTION	Andres Assoc. Side, Police
	West
O'Brien L Location C : 330 Feet From The North Line on	Chaves County
Unil Letter _ C; 330 Feet 112	, NMPM.
Township 95	(this form is to be seni)
Line of Section 6	AS paress (Give address to which approved copy of this form is to be sent) TX 77252-1183
III. DESIGNATION OF TRACE of Condensate	P. O. BOX 1183 HOUSTON, IA approved copy of this form is to be sening
Nome of Automation	P.O. Box 4000, The Woodlands, TX 77380 P.O. Box 4000, The Woodlands, TX 77380
The Permian Corporation Name of Authorized Transporter of Cosinghead Gas () or Dry Gas . Name of Authorized Transporter of Cosinghead Gas () or Dry Gas . Res.	P.O. Box 4000, when 11-29-80 Post FD
Liquid Energy Colportion, Sec. 1005	<u>9</u> 12-
If well produces oil or liquide. D 1 9S 28E 1	ive commingling order number: chy bit
If well produces oil or liquids. give location of tanks. If this production is commingled with that from any other lease or pool, g If this production is commingled with that from side if necessary.	ng
If this production is commingled with the sevence side if necessary. NOTE: Complete Parts IV and V on reverse side if necessary.	
NOTE: Complete Paris IV and	CED 0 1900 19
TT CERTIFICATE OF COMPLIANCE	APPROVED Original Signed
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have the completed with and that the information given is true and complete to the best of	Les A. Clement
1 hereby certify that the rules and regulations of the Oil Conservation Division of the best of been complied with and that the information given is true and complete to the best of been complete and belief.	BYSUPERVISOR, DISTRICE D
my knowledge and belief.	I TILLE TIVE
An Malson	If this is a request be accompanied by a tabulation of well, this form must be accordance with AULE 111. tests taken on the well in accordance with AULE 111.
Bernie Malson (Signature)	
Production Administration Manager	sble on new and Sections I. II. III. and VI for change of co
	able on new and the fill of the sections I. II. III, and VI for the section of th
August 15, 1986 (Dece)	Separate Forma C-104 bluet C-

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