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DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104 Revised 1-1-89

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Antonia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MOV 13'89

1000 Rio Brazos Rd., Aziec, NM \$7410	REC	QUEST F	FOR A	LLOWA	BLE AND	AUTHOF	RIZAT	ION.	````	·		
I. Operator		TO TR	ANSP	ORT O	L AND NA	TURAL C	AS		J. C. D. MYNOSTIGI	· ·		
Pelto Oil Company	j.				30-005 - 60810							
Address									000	5 0.	0010	
500 Dallas, Suite	1800. н	ouston	. TX	77002								
Reason(s) for Filing (Check proper box) New Well		Change i	- T	netan afi	Oth	et (Please exp	olain)					
Recompletion	Oil		Dry G									
Change in Operator	Casingh	end Gas X	Conde									
If change of operator give name and address of previous operator												
IL DESCRIPTION OF WELL	AND LE	EASE									 	
Lease Name	me Well No. Pool Name, Iac								of Lesse Fee Lesse No.			
Location		51	IW	in Lak	es SA Ass	oc.		State	, Federal or F	ée		
Unit Letter P		560	Red Re	-	south.	. 99	0.	_	_	east		
31	_ ·	8s	_ POR 17	om The 29E	Line	. and		F	eet From The		Line	
Section Towash	ip		Range		, NN	(РМ,	Cha	aves	3		County	
III. DESIGNATION OF TRAI	NSPORTI	ER OF O	IL AN	D NATI	RAL GAS							
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)										
Texaco Trading and Transportation Name of Authorized Transporter of Casinghead Gas x or Dry Gas					P. U. Box 60628, Midland, TX 79711-0628							
Pelto Oil Company	Sheen Can	as 🔀 or Dry Ges 🦳			Address (Give address to which app			Provide Land	provid copy of this form is to be sent) 800, Houston, TX 77002			
If well produces oil or liquids,	Unit	Sec.	Twp	Rge	is gas actually	connected?		White		on, ix	77002	
	N	31	8S	29E		es			2-88			
If this production is commingled with that IV. COMPLETION DATA	nom any ou	Der Jeanse Or	pool, give	e comming	ing order aumb	er:						
Decimate Time of Completion		Oil Well	G	as Well	New Well	Workover	Dec	Den .	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		Pardy to			Total Depth		<u> </u>					
		empl. Ready to Prod.			roat Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
erforations									D-0 C-1			
									Depth Casin	g Shoe		
					CEMENTIN	G RECOR	D					
HOLE SIZE CASING & TUBING S				ZE	DEPTH SET				SACKS CEMENT			
								<u> </u>	 			
					 							
. TEST DATA AND REQUES	T FOD A	I I AWA	ni e									
OIL WELL (Test must be after n	covery of to	tal volume o	ADLLE A load oil	l and must i	he east to se es	road top alla	bl. £	al.:	d1 1			
ate First New Oil Run To Tank	Date of Tes	£	,		Producing Meth	od (Flow, pu	mp, gas	lift, el	aepin or be j. c.)	or full 24 hou	73.)	
ength of Test	Daling Day					· · · · · · · · · · · · · · · · · · ·			·			
V	Tubing Pressure				Casing Pressure				Choke Size			
ctual Prod. During Test	Oil - Bbls.				Water - Bbis.	,		_	Gas- MCF			
			·		·							
GAS WELL ctual Prod. Test - MCF/D	Carach as a			· · · · · · · · · · · · · · · · · · ·								
	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shist-in)				Casing Pressure (Shut-in)				Choke Size			
7 0	- <u> </u>						_	j				
L OPERATOR CERTIFICA	TE OF	COMPL	JANC	E		I CON	OE D		T.O			
I bereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OI.	L CON	SEH	(VA	HON L	OIVISIO	N	
is true and complete to the best of my kn	owledge and	belief.		H	Date A	2220	1					
Sinda (10	nd!	les .			, Dale A	pproved	'	-				
Signature Linda Crossley		7.		<u> </u>	Ву							
Printed Name		oduct:	ion A	nal.	•							
11/8/89 Date	713/65				Title	·						
LOTE:		-								_		

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

7,10

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

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.