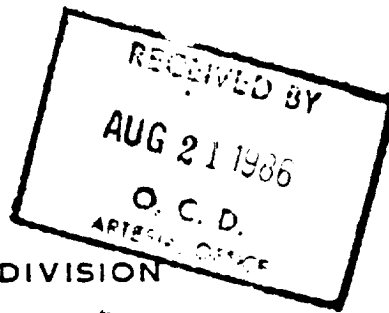


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

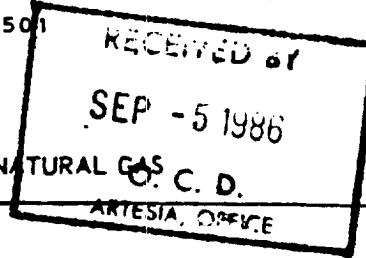
|                       |                                     |
|-----------------------|-------------------------------------|
| NO. OF COPIES DESIRED |                                     |
| DISTRIBUTION          |                                     |
| SANTA FE              | <input checked="" type="checkbox"/> |
| FILE                  | <input checked="" type="checkbox"/> |
| U.S.G.S.              | <input type="checkbox"/>            |
| LAND OFFICE           | <input type="checkbox"/>            |
| TRANSPORTER           | <input checked="" type="checkbox"/> |
| OPERATOR              | <input checked="" type="checkbox"/> |
| REGISTRATION OFFICE   | <input type="checkbox"/>            |

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



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



I. Operator Pelto Oil Company ✓  
Address One Allen Center, Suite 1800, 500 Dallas Street, Houston, TX 77002  
Reason(s) for filing (Check proper box)  
☐ New Well ☐ Change in Transporter of:  
☐ Recompletion ☒ Oil ☐ Dry Gas  
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate  
Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

|   |                      |   |   |           |
|---|----------------------|---|---|-----------|
| Lease Name<br><u>O'Brien "D"</u>  | Well No.<br><u>4</u> | Pool Name, including Formation<br><u>Twin Lakes-San Andres Assoc.</u> | Kind of Lease<br>State, Federal or Fee <u>Fee</u> | Lease No. |
| Location<br>Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u><br>Line of Section <u>12</u> Township <u>9S</u> Range <u>28E</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"/><br><u>The Permian Corporation</u>           | Address (Give address to which approved copy of this form is to be sent)<br><u>P.O. Box 1183 Houston, TX 77252-1183</u>   |                    |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>Liquid Energy Corporation</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>P.O. Box 4000, The Woodlands, TX 77380</u> |                    |
| If well produces oil or liquids, give location of tanks.   | Unit<br><u>M</u>  | Sec.<br><u>1</u>   |
|  | Twp.<br><u>9S</u>   | Rge.<br><u>28E</u> |
| Is gas actually connected?   | When  |                    |
| <u>yes</u>   | <u>1-1-81</u>   | <u>Part ID-3</u>   |

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  
APPROVED SEP 8 1986, 19  
BY Joe A. Clements Original Signed By  
TITLE SUPERVISOR, DISTRICT II Supervisor District II

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 filed for each pool in multiple completed wells.