

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

RECEIVED

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

OCT 04 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE

I.

Operator
Pelto Oil Company ✓

Address
500 Dallas, Suite 1800, Houston, TX 77002

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
TA'd, held for secondary recovery, brought back on production.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name TLSAU	Well No. 71	Pool Name, including Formation Twin Lakes SA Assoc.	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>B</u> : <u>950</u> Feet From The <u>North</u> Line and <u>1675</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>9S</u> Range <u>29E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

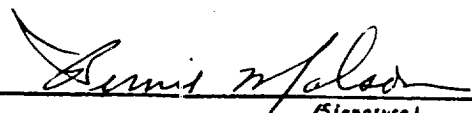
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Pelto Oil Company	Address (Give address to which approved copy of this form is to be sent) One Allen Center, Suite 1800, Houston, TX 77002
If well produces oil or liquids, give location of tanks. Unit : <u>N</u> Sec. : <u>31</u> Twp. : <u>8S</u> Rge. : <u>29E</u>	Is gas actually connected? When yes 2-88

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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.


(Signature)
Manager, Production Administration
(Title)

9-27-88

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 6 1988, 19
BY Original Signed By
Mike Williams
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 filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Ree'v.	DILL Ree'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						

Elevations (D.F., RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Perforations
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	

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 test allow-
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	7/24/88	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	---	Casing Pressure	---
Actual Prod. During Test	Oil-Bble.	3.2	Water-Bble.	6.6
			Gas-MCF	12.8

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MSCF	Gravity of Condensate
Tooling Method (Blow, back pr.)	Tubing Pressure (Blow-In)	Casing Pressure (Blow-In)	Choke Size