	STATE OF NEW MEXICO	
NED	Y AND MINERALS DEPARTMENT	

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STATE OF NEW MEXICO TENERGY AND MINERALS DEPARTMENT				Form C-104
	OIL CONSERVA	ATION DIVISIC	N	Revised 10-01-78 Format 06-01-83
FILE J	P. O. BC		)	RECEIVED
V.9.0.8.	SANTA FE, NEV	MEXICO 87501	$\mathcal{N}$	
LAND OFFICE				OCT 11 '88
		R ALLOWABLE		
PEORATION OFFICE	A AUTHORIZATION TO TRANS	ND PORT OIL AND NATU	RAL GAS	O. C. D. ARTESIA, OFFICE
Coperator Pelto Oil Company	<u> </u>	······································		•
Address	Guite 1800, 500 Dallas,	Houston, TX 77		
Reoson(s) for filing (Check proper box)				well name from
New Well	Change in Transporter of:		-	Twin Lakes Field San
Recompletion	ou D			rized by NMOC Order
Change in Ownership	Casinghead Gas C	ondensate No. 2-85	57.	
If change of ownership give name and address of previous owner	·		,,,,,,	
II. DESCRIPTION OF WELL AND	LEASE		Kind of Lease	Lease No.
Lease Name	Well No. Pool Name, Including F		State, Federal or Fe	_
	63 Twin Lakes	SA Assoc		1.66
C 33	BO Feet From The North Lir	1650	Feet From The	West
Unit Letter;;	Feet From The Lir	ne and	Peet From The	WCSL
Line of Section 5 Town	nship 95 Range	29E , NMPM	, Chaves	County
III. DESIGNATION OF TRANSPORT		L GAS Azaross (Give address	to which approved co	py of this form is to be sent)
Name of Authorized Transporter of Cast	nghead Gas 📄 or Dry Gas 🗍	Address (Give address	to which approved co	py of this form is to be sent]
	Unit Sec. Twp. Rge.	Is gas actually connect	ed? When	
If well produces oil or liquids, give location of tanks.		no		POSTIA-32
If this production is commingled with		rive commingling orde	r number:	+0-14-82
NOTE: Complete Parts IV and V		Elve commercie and		Chqueel namel
VI. CERTIFICATE OF COMPLIAN			ONSERVATION	
I hereby certify that the rules and regulatio	ns of the Oil Conservation Division have	APPROVED	001 1 1 19k	19
been complied with and that the information my knowledge and belief.	Original Signed By			
-		N N	Aiko Milliams	
	Λ	TITLE		
A. M.	2.	14		iance with RULE 1104.
	well, this form mus	t be accompanied	for a newly drilled or deepened by a tabulation of the deviation	
Manager Production	Admin.	tests taken on the All sections of	well in accordance I this form must be	with RULE 111. filled out completely for allow-
10/4/88		able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner,		
(Det	·)	well name or number, or transporter, or other such change of condition. Separate Forme C-104 must be filed for each pool in multiply		
		completed wells.		

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IV. COMPLETION DATA		• .							
Designate Type of Completi	on - (X)	OII Well	Gas Well	New Well	Workover 1	Deepen I	Plug Back	Same Res'v.	Dill. Res'v
Date Spudded	Date Comp	I. Ready to F	<sup>2</sup> rod.	Total Dept	h	<u> </u>	P.B.T.D.	<b>.</b>	i
Elevations (DF, RKB, RT, GR, etc.) Name of Pr		roducing Formation Top O		Top Oil/Go	Top Oil/Gas Pay		Tubing Depth		
Perforations		<u>-</u>					Depth Casin	ng Shoe	
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	D		<del>/</del>	
HOLE SIZE CAS		ING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<u> </u>								

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test		Tubing Pressue	Casing Pressure	Chote Size	
Actual Prod. Du	ring Teet	Oll-Bbis.	Water - Bbis.	Gas • MCF	

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Teeling Method (piloi, back pr.)	Tubing Pressure ( Shut-in )	Casing Pressue (Shut-in)	Choke Size

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