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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

CLSF  
BT  
ET  
DP

### OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

DISTRICT II  
P.O. Drawer DD, Azusa, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NOV 27 '89

Operator <b>ENERGY DEVELOPMENT CORPORATION</b>		Well API No. 30-005-60329
Address 1000 Louisiana, Suite 2900, Houston, Texas 77002		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <b>PELTO OIL COMPANY, 500 Dallas, Suite 1800, Houston, Texas 77002</b>		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>TLSAU</b>	Well No. 36	Pool Name, including Formation Twin Lakes - San Andres Assoc	Kind of Lease State <b>_____</b>	Lease No. K-2803
Location Unit Letter <b>J</b> : <b>1650</b> Feet From The <b>South</b> Line and <b>2310</b> Feet From The <b>East</b> Line Section <b>36</b> Township <b>8S</b> Range <b>28E</b> , <b>NMPM</b> Chaves 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"/> <b>ENRON OIL TRADING &amp; TRANSPORTATION</b>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 10607, Midland, Texas 79702			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>ENERGY DEVELOPMENT CORPORATION</b>	Address (Give address to which approved copy of this form is to be sent) 1000 Louisiana, Suite 2900, Houston, TX 77002			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 31	Twp. 8S	Rgn. 29E
Is gas actually connected?		When?		
Yes		02-88		

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

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						Prod ID-3		
						12-8-89		
						shg up HT:PER		
						GT:POC		

### 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 top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

### GAS WELL

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

### VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

*Michael M. Bauer*  
 Signature  
 Michael M. Bauer Agent  
 Printed Name  
 11-30-89 (713) 370-7392  
 Date Telephone No.

### OIL CONSERVATION DIVISION

DEC - 8 1989

Date Approved \_\_\_\_\_  
 By \_\_\_\_\_  
 Title \_\_\_\_\_

### 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 with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.