

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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FEB 24 '88

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

I. Operator PELTO OIL COMPANY ✓	
Address One Allen Center, Suite 1800, Houston, Texas 77002	
Reason(s) for filing (Check proper box)	Other (Please explain) Change well name & number from <u>CITGO A STATE No. 3</u> The Twin Lakes Field San Andres Unit was authorized by NMOC Order No. 2-8557.
☐ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name TLSAU	Well No. 35	Pool Name, including Formation Twin Lakes SA Assoc.	Kind of Lease State, Federal or Fee STATE	Lease No. 26-4681
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line of Section <u>36</u> Township <u>8S</u> Range <u>28E</u> , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ N/A Injector	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
						<u>Post ID-3</u> <u>5-6-88</u> <u>by well name</u>

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.

Bernie Johnson
(Signature)
Manager, Production Admin.
(Title)
2-16-88
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 4 1988, 19 _____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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)

Designate Type of Completion - (X)	
Oil Well	
Gas Well	
New Well	
Workover	
Deepen	
Plug Back	
Same Reservoir	
Different Reservoir	

Quesada

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Locations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
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Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Partitions

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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7. TEST DATA AND REQUEST FOR ALLOWABLE

TEAM TWO

Date of Test

Producing Method (Flow, Pump, Gas lift, etc.)

Actual Prod. During Test

‘ସାବନ - ୧୧୦

9198-1014

454 - 555

Length of Test

Tubing Pressure

Coating Process

•315 •3052

[illegible]

Long 10 41847

Bbls. Condensate/MMCF

Gravity of Condensate

Rolling Method (Pilot, back pr.)

Tubing Pressure (Tub-1a)

Coating Pressure (Bar-1a)

0119 07043