

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.A.               | <input checked="" type="checkbox"/> |
| LAND OFFICE            | <input checked="" type="checkbox"/> |
| TRANSPORTER            | <input checked="" type="checkbox"/> |
| OPERATOR               | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE      | <input checked="" type="checkbox"/> |

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

RECEIVED

FEB 24 '88

O. C. D.  
ARTESIA, OFFICE

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                                                                      |                                         |                                                  |
|----------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|
| Operator<br><b>PELTO OIL COMPANY</b>                                 |                                         |                                                  |
| Address<br><b>One Allen Center, Suite 1800, Houston, Texas 77002</b> |                                         |                                                  |
| Reason(s) for filing (Check proper box)                              | Change in Transporter of:               | Other (Please explain) Change well name & number |
| <input type="checkbox"/> New Well                                    | <input type="checkbox"/> Oil            | from <b>O'BRIEN, J. No. 1</b>                    |
| <input type="checkbox"/> Recompletion                                | <input type="checkbox"/> Casinghead Gas | The Twin Lakes Field San Andres Unit was         |
| <input type="checkbox"/> Change in Ownership                         | <input type="checkbox"/> Dry Gas        | authorized by NMOC Order No. 2-8557.             |
|                                                                      | <input type="checkbox"/> Condensate     |                                                  |

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

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                               |                       |                                                               |                                                   |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------|---------------------------------------------------|-----------|
| Lease Name<br><b>TL5AU</b>                                                                                                                                                                                    | Well No.<br><b>20</b> | Pool Name, including Formation<br><b>Twin Lakes SA Assoc.</b> | Kind of Lease<br>State, Federal or Fee <b>FEE</b> | Lease No. |
| Location<br>Unit Letter <b>D</b> : <b>990</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>WEST</b><br>Line of Section <b>31</b> Township <b>8S</b> Range <b>29E</b> , NMPM, 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"/>         | Address (Give address to which approved copy of this form is to be sent) |                     |
| <b>Permian Corporation</b>                                                                                               | <b>P. O. Box 3119, Midland, Texas 79702</b>                              |                     |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |                     |
| <b>Pelto Oil Company</b>                                                                                                 | <b>One Allen Center, Suite 1800, Houston, TX 77002</b>                   |                     |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit<br><b>N</b>                                                         | Sec.<br><b>31</b>   |
|                                                                                                                          | Twp.<br><b>8S</b>                                                        | Range<br><b>29E</b> |
|                                                                                                                          | Is gas actually connected?                                               | When                |
|                                                                                                                          | <b>Yes</b>                                                               | <b>2-88</b>         |

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 M. Allen*  
(Signature)  
Manager, Production Admin.  
(Title)  
2-16-88  
(Date)

OIL CONSERVATION DIVISION

MAY 4 1988

APPROVED \_\_\_\_\_, 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 own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multiple completed wells.

# V. COMPLETION DATA

|                                    |           |             |              |
|------------------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) |           |             |              |
| Oil Well                           | Gas Well  | New Well    | Workover     |
| Deepen                             | Plug Back | Same Res'y. | Diff. Res'y. |

|                                     |                             |                   |              |
|-------------------------------------|-----------------------------|-------------------|--------------|
| Date Spudded                        | Date Compl. Ready to Prod.  | Total Depth       | P.B.T.D.     |
| Locations (D.F., RKB, RT, CR, etc.) | Name of Producing Formation | Top Oil/Gas Pay   | Tubing Depth |
| Perforations                        |                             | Depth Casing Shoe |              |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

## 7. 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 Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test                  | Tubing Pressure | Casing Pressure                               |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 |
|                                 |                 | Gas - MCF                                     |

|                                  |                            |                            |                       |
|----------------------------------|----------------------------|----------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test             | Bbls. Condensate/MCF       | Gravity of Condensate |
| Tooling Method (Pilot, back pr.) | Tubing Pressure (Chart-Ln) | Casing Pressure (Chart-Ln) | Choke Size            |