Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION NOV 27 '89 TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator ENERGY DEVELOPMENT CORPORATION 30-005-60961 ARIESIA, OFFICE 77002 1000 Louisiana, Suite 2900, Houston, Texas Other (Please explain) Reason(s) for Filing (Check proper box) New Well age in Transporter of: Section III not applicable - Waterflood Dry Gas Oil Recompletion Injection well X Change in Operator Casingh Condensate If change of operator give name and address of previous operator PELTO OIL COMPANY, 500 Dallas, Suite 1800, Houston, Texas 77002 II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Kind of Lease e Nac Twin Lakes - San Andres Assoc TLSAU 52 Location Feet From The South Line and 480 540 West M Feet From The \_ Unit Latter Chaves County Township 85 Range 29E , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate N/A N/A Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas N/A N/A When? Rge. Is gas actually connected? If well produces oil or liquids, Unit Sec. Twp. give location of tanks. N/A N/A N/A N/A N/A N/A If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Plug Back Same Res'v Diff Res'v Oil Well Ges Well New Well Workover Designate Type of Completion - (X) Total Denth PRTD Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** HOLE SIZE Post ID-3 12-8-89 che . 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 allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test **Tubing Pressure** Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Length of Test Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-m) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE **OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief. DEC - 8 1989 Date Approved . lichai Lauck ORIGINAL SIGNED BY By \_\_\_ MIKE WILMANS Agent Title Michael M. Baner SUPERVISOR, DISTRICT IT Title\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

11-06-89

- 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.

(713) 370-7392 Telephone No.

- 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.