

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

RECEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

NOV 27 '89

| | |
|---|--|
| Operator ENERGY DEVELOPMENT CORPORATION ✓ | Well API No. 30-005-61016 |
| 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 PELTO OIL COMPANY, 500 Dallas, Suite 1800, Houston, Texas 77002

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|---|----------------------|-----------|
| Lease Name TLSAU | Well No. 96 | Pool Name, including Formation Twin Lakes - San Andres Assoc | Kind of Lease Fee | Lease No. |
| Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>8</u> Township <u>9S</u> Range <u>29E</u> , <u>NMPM</u> 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"/> ENRON OIL TRADING & TRANSPORTATION | 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"/> ENERGY DEVELOPMENT CORPORATION | 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 | Rge. 29E |
| Is gas actually connected? | When? | 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 |
| 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 | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | Post ID-3 | | |
| | | | | | | 12-8-89 | | |
| | | | | | | 47: 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 Title
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC - 8 1989

By ORIGINAL SIGNED BY
MME WILLIAMS
Title SUPERVISOR, DISTRICT II

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

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Sections of this form must be filled out for allowable on new and recompleted wells.

out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Complete Form C-104 must be filed for each pool in multiply completed wells.