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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTO. C. D.
ARTESIA, OFFICEForm C-104
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Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.G.S.	✓
LAND OFFICE	✓
TRANSPORTER	✓
OIL	✓
NATURAL GAS	✓
OPERATOR	✓
PRODUCTION OFFICE	✓

Operator PELTO OIL COMPANY ✓	
Address One Allen Center, Suite 1800, Houston, Texas 77002	
Reason(s) for filing (Check proper box)	
☐ New Well	Change in Transporter of:
☐ Recompletion	☐ Oil ☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas ☐ Condensate
Other (Please explain) Change well name & number from <u>MOONSHINE 2 BATTERY 2 No. 7</u> The Twin Lakes Field San Andres Unit was authorized by NMOC Order No. 2-8557.	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name TLSAU	Well No. 106	Pool Name, Including Formation Twin Lakes SA Assoc.	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter L : 330 Feet From The WEST Line and 2310 Feet From The South				
Line of Section 7 Township 9S Range 29E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Permian Corporation	P. O. Box 3119, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
Pelto Oil Company	One Allen Center, Suite 1800, Houston, TX 77002	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 31
	Twp. 8S	Range 29E
	Is gas actually connected? Yes	
	When Post 10-3 5-6-88	

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.

Deane Nelson
(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 filled 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 filled for each pool in multiple completed wells.

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.						
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

W. 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)

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	Choke Size

GAS WELL

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