STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Pelto Oil Company

	****	1	,
DISTRIBUTE		V	
SANTA PE		V	
FILE	V	-	
v.1.0.6.			
LAND OFFICE		Γ	
TRANSPORTER	DIL	1	
	-		
PERATOR	i,		
PLORATION OF			

Operator

O. C. D. ATESIA, OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088

RECEIVED BY

SEP -5 1986

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

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	V							
One Allen Center,	Suite	1800), 500 D	allas	Street, Houston	, TX 77002		į
Resson(s) for filing (Check proper box)	•				Other (Please	explain)		;
New Well	Chan	qe in Ti	ransporter of	ı:				į
Recompletion	$oxed{X}$	Oil		□ ¤	y Gas			
Change in Ownership		Casingh	eod Gos		endensate			
change of ownership give name nd address of previous owner	 						·	
I. DESCRIPTION OF WELL AND	LEASE					Kind of Lease		
Lease Name	Well No. Pool Name, Including Fo							Lecse No.
O'Brien "DB"	1		Twin La	kes-Sa	n Andres Assoc.	State, Federal of Fee	Fee	.]
Unit Letter I : 1650	Feet	t From 1	The Sou	ith Lin	• and330	Feet From The	East	
Line of Section 12 Tow	nahia 9	S	P	ange 2	8E , n mpm	Char	ves	County
II. DESIGNATION OF TRANSP	ORTER (OF OT	L AND N	ATURAL	GAS			
Nome of Authorized Transporter of Cil	X		seneate 🗀		Asacoss (Give address	to which approved copy	of this form is t	o be sent)
The Permian Corporation			P.O. Box 1183 Houston, TX 77252-1183					
Name of Authorized Transporter of Cas		20 X	or Dry Ga	• 0	Address (Give address	to which approved copy	of this form is t	o be sent/
Liquid Energy Corpora	ition				<u> </u>	, The Woodland	s, TX 77	7380
if well produces oil or liquids, give location of tanks.		5•c.	9S	28E	yes	ed? When	6-14-82	Post In-3
this production is commingled wit	h that from	m ≋ny (other lease	or pool,	give commingling order	r number:		9-12-86
NOTE: Complete Parts IV and V					n.		che	LT: NAC
T. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION					
bereby certify that the rules and regulations of the Oil Conservation Division have			APPROVED	SEP 8 1986) Original Signe	19-4		
een complied with and that the information	n given is tr	nue and o	complete to t	he best of		`	Jas A. Cleme	
ay knowledge and belief.			SUPERVISOR, DISTRICT IL					
					TITLE			
The said of the					1	be filed in complian		
Bernie Malson Siene	•	,			well, this form mus-	uest for allowable for t be accompanied by well in accordance w	a tebulation o	f the deviation
Production Administration Manager (Tule)			All sections of this form must be filled out completely for allowable on new and recompleted wells.					
August 15, 1986					Fill out only	Sections 1. II. III. er		
(Dat	•/			į		C-104 must be file	-	
				•	- completed matter			