

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

FEB 24 '88

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator PELTO OIL COMPANY ✓	
Address One Allen Center, Suite 1800, Houston, Texas 77002	
Reason(s) for filing (Check proper box)	Other (Please explain) Change well name & number from <u>MOONSHINE 7 BATTERY 2 No. 12</u> . The Twin Lakes Field San Andres Unit was authorized by NMOC Order No. 2-8557.
☐ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name TLSAU	Well No. 93	Pool Name, including Formation Twin Lakes SA Assoc.	Kind of Lease State, Federal or Fee <u>FREE</u>	Lease No.
Location Unit Letter <u>C</u> : <u>16.50</u> Feet From The <u>WEST</u> Line and <u>3.30</u> Feet From The <u>NORTH</u> Line of Section <u>7</u> Township <u>9S</u> Range <u>29E</u> , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ N/A Injector	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When <u>POST 10-3 5-6-88</u> <u>Chg. well name</u>

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. Adams
(Signature)
Manager, Production Admin.
(Title)
2-16-88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 4 1988, 19
Original Signed By
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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 - Bbls.	Water - Bbls.	Gas - MCF	Actual Prod. During Test
Tubing Pressure	Casing Pressure	Choke Size	Length of Test
Oil - Bbls.	Water - Bbls.	Gas - MCF	Actual Prod. During Test

AS WELL	Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Pilot, back pr.)	Tubing Pressure (Rbct-Lm)	Casing Pressure (Rbct-Lm)	Choke Size	