

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	☒
OIL	☒
GAS	☒
OPERATOR	☒
PERMITS OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 MOONSHINE 7 BATTERY 2 No. 14 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. 114	Pool Name, including Formation Twin Lakes SA Assoc.	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter P : 990 Feet From The EAST Line and 990 Feet From The SOUTH Line of Section 7 Township 9S Range 29E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

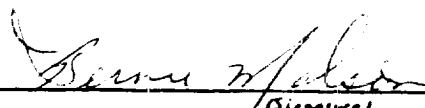
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Pelto Oil Company	Address (Give address to which approved copy of this form is to be sent) 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 2-88	

If this production is commingled with that from any other lease or pool, give commingling order number: **POST 10-3 5-6-88 chg. well name**

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.


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

OIL CONSERVATION DIVISION

APPROVED  , 19____
BY 
TITLE 

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 deviated 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.	Dill. 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			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	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	

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

CAS WELL