## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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## 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

RECEIVED

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  ARTESIA, OFFICE  Pelto Oil Company  Address  One Allen Center, Suite 1800, 500 Dallas, Houston, TX 77002  Reason(s) for filing (Check proper box)  New Well  Recompletion  Oil  Dry Gas  Change in Transporter of:  Recompletion  Change in Ownership  Casinghead Gas  Condensate  O. C. D.  ARTESIA, OFFICE  Other (Please explain)  TA'd, held for secondary recovery, brought back on production.	TRANSPORTER OIL OAS		REG		R ALLOWABLE	-	OCT 12'88	
Affresia, Office  Pelto 0il Company  Address  One Allen Center, Suite 1800, 500 Dallas, Houston, TX 77002  Recentiol for filing (Check proper box)    Reventiol for filing (Check proper box)   Revent		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS O. C. D.						
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New Well   Change in Transporter of:	One Allen Center, Suit	e 1800	500 Da	llas, Ho	ouston, TX 7700	2		
Recomplation   Cotange in Ornership   Cotan	Reason(s) for filing (Check proper box)				Other (Please	explain)		
If change of ownership give name and address of previous owner.  III. DESCRIPTION OF WELL AND LEASE  Lease Name TLSAU    Description   Descrip	New Well		n Transporte					ry,
If change of ownership give name and address of previous owner.  II. DESCRIPTION OF WELL AND LEASE  Lease Name TLSAU  28 Twin Lakes SA Assoc.  State, Federal or Fee State  K-2803  Location  Unit Latter  G: 1650 Feet From The North Line and 1650 Feet From The East  Line of Section 36 Township 88 Range 28E NMPM. Chaves  County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil 28 or Consensate  Permian Corporation Pelto 0il Company  Feet Oil Company  If well produces oil or Hauids.  N 31 88 29E  None of Authorized Transporter of Consensate or Pool, give commingting order number:  N 31 88 29E  None of Authorized Transporter of Consensate or pool, give commingting order number:  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  1 hereby certify that the rules and regulations of the Oil Conservation Division have been complied with the ulformation given is true and complete to the best of my knowledge and belief.  Manager, Production Administration  10/5/88  If this is a request for allowable for a newly drilled or despense well, this form must be subaction with Authorized with Authorized transporter of the State on the Well accordance with Authorized transporter of the State on on the Well accordance with Authorized transporter of the State on the Well accordance with Authorized transporter of the State on the Well accordance with Authorized transporter of the State on the Well accordance with Authorized transporter of the State on on the Well accordance with Authorized transporter of the State on on the Well accordance with Authorized transporter of the State on on the Well accordance with Authorized transporter of the State on the Well accordance with Authorized transporter of the State of the Well accordance with Authorized transporter of the State on the Well accordance with Authorized transporter of the State of the Well accordance with Authorized transporter of the State of the Well accordance with Authorized transporter of		f <sup></sup> }						
II. DESCRIPTION OF WELL AND LEASE   Well No.   Pool Name, including Formation   TLSAU   28   Twin Lakes SA Assoc.   State, Federal or Fee State   K-2803	Change in Ownership	Casi	nghead Gas		ondensate		<del></del>	
Lection   TLSAU   Review   TLSAU   Review   Record   Review   Record   Re	If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·				<del></del>
TLSAU  28 Twin Lakes SA Assoc.  State, Federal or Fee, State  K-2803  Location  Unit Latter G : 1650 Feet From The North Line and 1650 Feet From The East  Line of Section 36 Township 8S Range 28E , NMPM, Chaves County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Ci 23 or Condensate Permian Corporation  Name of Authorized Transporter of Cainquied Gas 22 or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Permian Corporation  Name of Authorized Transporter of Cainquied Gas 22 or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Permian Corporation  Name of Authorized Transporter of Cainquied Gas 22 or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Permian Corporation  Name of Authorized Transporter of Cainquied Gas 22 or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Possible or Corporation  Note: Complete Parts IV and V or 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.  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepens will, 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 recompanied 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 recompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  All sections of this form and the filled out completely for allowable on new and recompleted wells.		EASE No.	Pool Name	Including F	ormation	Kind of Lea	10	Lease No.
Location  Unit Letter G: 1650 Feet From The North Line and 1650 Feet From The East  Line of Section 36 Township 8S Range 28E , NMPM, Chaves County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Norme of Authorized Transporter of Ci (2) (2) or Condensate   Address (Give address to which approved copy of this form is to be sent)  Permian Corporation  Permian Corporation  Permian Corporation  Permian Corporation  Permian Company  If well produces oil of liquides, or Condensate   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 of liquides, or I wip. Rige. Is gas actually connected? When when the production is commingled with that from any other lesse or pool, give commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPILANCE  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.  DIL CONSERVATION DIVISION  APPROVED 10. 19  APPROVED 10. 19  Will be form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepense will, this form must be accompanied by a tabulation of the deviation must be secongeniced by a tabulation of the deviation must be companied by a tabulation of the deviation of the selection of this form must be filled out completely for allowable on new and recompliced wells.			1					
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Line of Section 36 Township 85 Range 28E NMPM, Chaves County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil 88 or Condensate Permian Corporation  Permian Corporation  Permian Corporation  Pound 33119, Midland, TX 79702  Address (Give address to which approved copy of this form is to be sent)  Pelto 0il Company  If well produces oil or liquids, Unit Sec. Twp. Rgs.  If well produces oil or liquids, In 31 88 29E yes 2-88  If this production is commingled with that from any other lesse or pool, give commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  Ihereby 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.  DIL CONSERVATION DIVISION  APPROVED  OIL CONSERVATION DIVISION  APPROVED  OIL CONSERVATION DIVISION  This form is to be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepenod well, in accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted wells.			No	rth	. 1650	5 F	East	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil (S) or Condensate	Unit Letter G: 1030	Feet Fro	om The	T CII	ne and	reat r tom	1.00	
Permian Corporation  Name of Authorized Transporter of Cil Science   Permian Corporation    Name of Authorized Transporter of Casinghead Gas   or Dry Gas   P. O. Box 3119, Midland, TX 79702  Pelto Oil Company   One Allen Center, Suite 1800, Houston, TX 77002  If well produces oil or liquide, of the Coll Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.    Name of Authorized Transporter of Casinghead Gas   or Dry Gas   P. O. Box 3119, Midland, TX 79702    Pelto Oil Company   One Allen Center, Suite 1800, Houston, TX 77002    If well produces oil or liquide, or	Line of Section 36 Townsh	dp {	3S	Range	28E , NMPM	. Ch	aves	County
Permian Corporation  P. O. Box 3119, Midland, TX 79702  Name of Authorized Transporter of Casinghead Gas (xxx) or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  Pelto Oil Company  If well produces oil or liquids, or Dry Gas  Pelto Oil Conservation of tonks.  N					L GAS Address (Give address	so which appr	oved copy of this form is	so be sens)
Name of Authorized Transporter of Cosinghead Gas (a) or Dry Gas Delto Oil Company  Pelto Oil Company  If well produces oil or liquids, give location of tanks.  N   31   88   29E   2-88  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.  APPROVED  OIL CONSERVATION DIVISION  APPROVED  OIL T 1   1903   19    BY Original Stance From the form must be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepends 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.	Permian Corporation				P. O. Box 3119	, Midlan	d, TX 79702	
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APPROVED  APPROVED  APPROVED  APPROVED  Original Signed  Manager, Production Administration  Manager, Production Administration  10/5/88  APPROVED  APPROVED  Original Signed  Well, this is a request for allowable for a newly drilled or deepenog 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.	VI CERTIFICATE OF COMPLIANCE		OIL C	ONSERVA	TION DIVISION			
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TITLE	I hereby certify that the rules and regulations	of the Oil C	onservation I	Division have	APPROVED		3 1900	, 19
TITLE	been complied with and that the information g	iven is true 2	nd complete	o the best of	11	O		
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Manager, Production Administration  All sections of this form must be filled out completely for allowable on new and recompleted wells.	Server Male	ude_			11			
Manager, Production Administration  All sections of this form must be filled out completely for allowable on new and recompleted wells.	/·- • · · ·	•			well, this form mus	t be accomp	enied by a tabulation	of the deviation
10/5/88 (Title) able on new and recompleted wells.		ministr	ation	<del></del>	11			
II Fith out only Consider I II III and VI for changes of owner	10/5/88 (Title)				able on new and re	completed w	rells.	
(Date) well name or number, or transporter, or other such change of conditions					Fill out only well name or number	Sections I.	II, III, and VI for che rter, or other such chan	inges of owner, igs of condition:

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.

24 Actual Prod. During Test 0.7	Tubing Pressure  Oil-Bbls.  0.7  Length of Test  Tubing Pressure (shut-is)	Water-Bbis. 5.6  Bbis. Condensate/MMCF  Casing Pressure (Shut-in)	n/a Gravity of Condensate  Choke Size	
Length of Test  24  Actual Prod. During Test  0.7  AS WELL	Off-Bale. 0.7	Water - Bble. 5.6	n/a Gas·MCF 0.2	
Length of Test  24  Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	n/a Gda-MCF	
Length of Test  24  Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	n/a	
Length of Test 24			n/a	
Length of Test	I mund bleesure	Caring Pierra	Choke Size	
		Casing Preseure	Choke Size	
9/22/88	9/26/88	Pumping		
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
OIL WELL	able for this	e after recovery of total volume of load depth or be for full 24 hours)	oil and must be equal to or exceed top allow	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	TUBING, CASING, /	AND CEMENTING RECORD		
Perforations			Depth Casing Shoe	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	The completionary to produ	Total Depth	P.B.T.D.	
Data Spudded	Date Compl. Ready to Prod.		<del></del>	

IV. COMPLETION DATA