

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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FEB 24 '88

O. C. D.
ARTESIA, OFFICE

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

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)

- ☐ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:

- ☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate

Other (Please explain) Change well name & number from D'BRIEN DB No. 2
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. 115	Pool Name, including Formation Twin Lakes SA Assoc.	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>S</u> Line and <u>330</u> Feet From The <u>EAST</u> Line of Section <u>12</u> Township <u>9S</u> Range <u>28E</u> , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

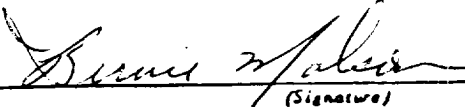
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Pelto Oil Company	Address (Give address to which approved 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?	When	
Yes	2-88	POST 10-3 5-6-88 Chg. well name

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.


(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 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 own, well name or number, or transporter, or other such change of condition.

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

V. 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.			
Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		Perforations	
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	

7. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

FAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size