

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-31-78
Format 05-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-----------------|-----|
| COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.O.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| OPERATOR | CAS |
| PERMITS OFFICE | |

I. Operator
Walter Oil & Gas Corporation

Address
240 The Main Building, 1212 Main Street, Houston, Texas 77002

Reason for filing (Check proper box)
☐ New Well
☐ Recombination
☐ Change in Ownership
 Change in Transporter of:
☒ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|---|---------------|---|--|-----|-----------|
| Lease Name D.P. Peck Est. | Well No. 1 | Pool Name, including Formation Gladiola, Wolf. | Kind of Lease State, Federal or Fee | Fee | Lease No. |
| Location Unit: Letter <u>F</u> ; <u>1890</u> Feet From The <u>North</u> Line and <u>2105</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>12S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County | | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|-------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Tesoro Crude Oil Company | Address (Give address to which approved copy of this form is to be sent) 8700 Tesoro Drive, San Antonio, Texas 78286 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None | 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 F | Sec. 26 |
| | Twp. 12S | Rge. 37E |
| | Is gas actually connected? No | |

If this production is commingled with that from any other lease or pool, give commingling order number: _____ No

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.

Kathleen Shattuck
(Signature)
Production Accountant
July 12, 1985
(Date)

OIL CONSERVATION DIVISION

JUL 31 1985

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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.