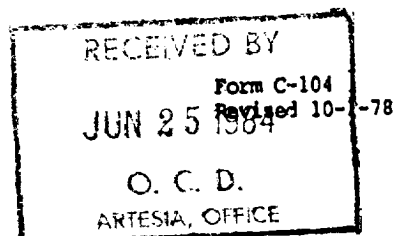


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

no. of copies required	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
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TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Pelto Oil Company

Address

2 Greenspoint Plaza Suite 400, 16825 Northchase, Houston, TX 77060

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

Stevens Operating Corporation, P. O. Box 2203, Roswell, N

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including formation	Kind of Lease State, Federal or Fee	Lease No.
O'Brien "F"	3	Twin Lakes-San Andres Assoc.	Fee	

Location

Unit Letter M : 330 Feet From The South Line and 990 Feet From The West

Line of Section 25 Township 8S Range 28E NMPM Chaves

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate

Navajo Refining Company - Pipeline Div.

(Give address to which approved copy of this form is to be sent)

P. O. Drawer 175, Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas

Liquid Energy Corporation

(Give address to which approved copy of the form is to be sent)

P. O. Box 4000, The Woodlands, Texas 77380

If well produces oil or liquids,
give location of tanks.

Unit	Sec.	Twp.	Rge.
C	36	8S	28E

Is gas actually connected?

Yes

11-29-79

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.				Total Depth		F.B.T.D.	
Elevations (DF, RKB, ST, 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

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of lead oil and must be equal to or exceed top all
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Rate of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Rhin.	Water-Rhin.	Gas-Rhin.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Mln. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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
above is true and complete to the best of my knowledge and belief.

Production Manager

June 19, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 25 1984, 19

BY Original Signed By
Leslie A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is request for allowable for a newly drilled or recomplet
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 allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ownership,
well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiply