

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501RECEIVED Form C-104  
Revised 10-1-78

JUN 25 1984

O. C. D.  
ARTESIA, OFFICE

no. of copies required	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRORATION OFFICE	

REQUEST 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) Other (Please explain)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☒

If change of ownership give name and address of previous owner Stevens Operating Corporation, P. O. Box 2203, Roswell, NM

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including formation	Kind of Lease	Lease No.
<u>O'Brien "E"</u>	<u>5</u>	<u>Twin Lakes-San Andres Assoc.</u>	<u>State, Federal or Fee</u>	<u>Fee</u>
Location				
Unit Letter <u>P</u>	<u>: 330</u>	Feet From The <u>South</u>	Line and <u>990</u>	Feet From The <u>East</u>
Line of Section <u>35</u>	Township <u>8S</u>	Range <u>28E</u>	<u>NMPH</u>	County <u>Chaves</u>

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate	(Give address to which approved copy of this form is to be sent)					
<u>Navajo Refining Company - Pipeline Div.</u>	<u>P. O. Drawer 175, Artesia, New Mexico 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas	(Give address to which approved copy of the form is to be sent)					
<u>Liquid Energy Corporation</u>	<u>P. O. Box 4000, The Woodlands, Texas 77380</u>					
It well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>C</u>	<u>36</u>	<u>8S</u>	<u>28E</u>	<u>Yes</u>	<u>6-26-80</u>

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'v.
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.S.T.D.		
Elevations (BW, RES, RT, CH, 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 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-Mils.	Water-Mils.	Gas-MCF

W. 28-84-3  
6-29-84  
Chg. O.P.

## GAS WELL

Actual Prod. Test-MCF/Hr	Length of Test	Mils. Condensate/MCF	Gravity of Condensate
Testing Method (flow, 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.

Dennis M. Palsen  
(Signature)  
Production Manager  
(Title)

June 19, 1984  
(Date)

## OIL CONSERVATION DIVISION

JUN 25 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed By  
Leslie A. ClementsTITLE 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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1111.

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

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