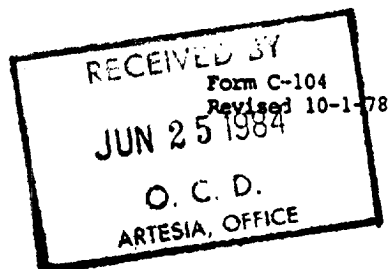


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

| | |
|------------------------|-------------------------------------|
| no. of copies required | |
| DISTRIBUTION | |
| SANTA FE | <input checked="" type="checkbox"/> |
| FILE | <input checked="" type="checkbox"/> |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| OIL | <input checked="" type="checkbox"/> |
| GAS | <input checked="" type="checkbox"/> |
| OPERATOR | <input checked="" type="checkbox"/> |
| PRORATION OFFICE | <input checked="" type="checkbox"/> |

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

If change of ownership give name
and address of previous owner Stevens Operating Corporation, P. O. Box 2203, Roswell, 1

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------|----------|--------------------------------|--|-----------|
| Lease Name | Well No. | Pool Name, including formation | Kind of Lease State, Federal or Fee | Lease No. |
| Citgo State | 1 | Twin Lakes-San Andres Assoc. | State | K2803 |

Location

Unit Letter F: 1980 Feet From The North Line and 1980 Feet From The WestLine of Section 36 Township 8S Range 28E NMPM Chaves Count

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) |
| Navajo Refining Company - Pipeline Div. | P. O. Drawer 175, Artesia, New Mexico 88210 |
| 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) |
| Liquid Energy Corporation | P. O. Box 4000, The Woodlands, Texas 77380 |
| It well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| 0 36 8S 28E | Yes 4-72 |

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 | P.A.T.D. | | | | | |
| Elevations (D.F., RKB, RT, GR, 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 all-
able 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-Rhin. | Water-Rhin. | Gas-MCF |

GAS WELL

| | | | |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Mln. 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.

Bernie Johnson
(Signature)

Production Manager
(Title)June 19, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 25 1984, 19
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 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 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 filled for each pool in multiply
completed wells.