

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

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: O'Brien "C"
 Well No.: 7
 Pool Name, including Formation: Twin Lakes-San Andres Assoc.
 Kind of Lease: Fee
 Location: Unit Letter F; 1980 Feet From The North Line and 2310 Feet From The West
 Line of Section 1 Township 9S Range 28E NMPM Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil X 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 X 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
 It will produce oil or liquids, give location of tanks: D 1 9S 28E
 Is gas actually connected? Yes
 When 4-21-74

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.S.T.D.: _____
 Elevations (SP, AKB, BY, CR, etc.): _____ Name of Producing Formation: _____ Top Oil/Gas Pay: _____ Tubing Depth: _____
 Perforations: _____ Depth Casing Shoe: _____

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 oil able for this depth or be for full 24 hours)
 Date First Saw 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-Units: _____ Water-Units: _____ Gas-MCY: _____
 GAS WELL
 Actual Prod. Test-MCY/D: _____ Length of Test: _____ Min. Condensate/MCY: _____ 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.

 (Signature)
 Production Manager

 (Title)
 June 19, 1984

 (Date)

OIL CONSERVATION DIVISION
 APPROVED JUN 25 1984, 19____
 BY Original Signed By
 Lucie A. Clements
 Supervisor District #
 TITLE _____
 This form is to be filed in compliance with N.M.E. 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 N.M.E. 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 ownership, well name or number, or transporter, or other such change of condition.
 Form C-104 must be filed for each well in multiple