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OIL	
GAS	
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator Pelto Oil Company ✓ *SWD*Address 16825 Northchase, Suite 400, Houston, Texas 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, PO Box 2203, Roswell, NM

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
O'Brien "J"	9	Twin Lakes-San Andres Assoc.	State, Federal or Fee	

Location

Unit Letter A : 990 Feet From The North Line and 990 Feet From The EastLine of Section 31 Township 8-S Range 29-E NMPM Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	(Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	(Give address to which approved copy of the form is to be sent)				
It well produces oil or liquids, give location of tanks.	Unit	Sec.	Top.	Rge.	Is gas actually connected?	When

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.B.T.D.					
Elevations (DF, RKB, WT, CK, 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

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-Rbls.	Water-Rbls.	Gas-MCF

*Post ID-3
8-10-84
Edg. by name*

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rbls. 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.

[Signature]
(Signature)
Agent
(Title)

8-7-84
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 14 1984, 19BY Original Signed By
Leslie A. Clements
TITLE Superior 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 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.

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