

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

JUN 25 1984

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator

Pelto Oil Company ✓

Address

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

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease Fee
O'Brien "E"	7	Twin Lakes-San Andres Assoc.		
Location				
Unit Letter A	: 330	Feet From The North	Line and 990	Feet From The East
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	(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 88211					
Name of Authorized Transporter of Casinghead Gas X 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.	Top.	Range.	Is gas actually connected?	Then
	D	1	9S	28E	Yes	10-22-81

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.B.T.B.			
Elevations (B.F., H.B., N.Y., C.R., 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

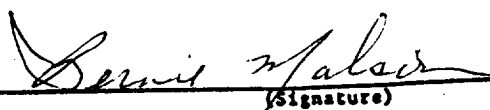
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil
able for this depth or be for full 24 hours)

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-Wbts.	Water-Wbts.	Gas-Wbts.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Min. 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)

Production Manager

(Title)

June 19, 1984

(Date)

OIL CONSERVATION DIVISION

JUN 25 1984

APPROVED _____, 19

BY _____ Original Signed By
Lester A. Clements

TITLE _____ Supervisor District #

This form is to be filled in compliance with NRE 1102.

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 NRE 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 well in multiple
layered wells.