

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, 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	☒
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	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

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 State, Federal or Fee	Lease No.
Citgo State	7	Twin Lakes-San Andres Assoc.	State	K-2803

Location

Unit Letter G: 1650 Feet From The North Line and 1650 Feet From The EastLine of Section 36 Township 8S Range 28E NMPH 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)		
<u>Navajo Refining Company - Pipeline Div.</u>	<u>P. O. Drawer 175, Artesia, New Mexico 88210</u>		
Name of Authorized Transporter of Casinghead Gas ☒ 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>		
Is well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> <u>7-3-82</u>		
Unit	Sec.	Top.	Age.
<u>F</u>	<u>36</u>	<u>8S</u>	<u>28E</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 (DF, AKB, NY, 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 to allow-
able for this depth or be for full 24 hours)

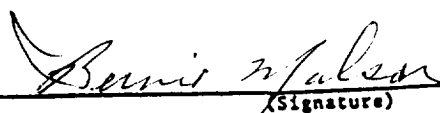
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Ratio	Water-Ratio	Gas-Ratio

GAS WELL

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

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

OIL CONSERVATION DIVISION

APPROVED JUN 25 1984, 19BY Original Signed By
Leslie A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1102.

If this is request for allowable for a newly drilled or abandoned 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.

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