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

AUG 27 '87

REQUEST FOR ALLOWABLE
ANDAUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA OFFICE

Operator Stevens Operating Corporation				
Address P. O. Box 2408, Roswell, NM 88201				
Reason(s) for filling (Check proper box)		Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	Change of Well Name from		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	O'Brien "A" #2		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>			
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND LEASE				
Lease Name O'Brien "DQ"	Well No. 1	Pool Name, including Formation South Elkins Fusselman Gas	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>7S</u> Range <u>29E</u> NMPH <u>Chaves</u> County				
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate Navajo Crude Oil Purchasing		(Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, NM 88210		
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 M	Sec. 30	Twp. 7S	Rge. 29E
				Is gas actually connected? <input type="checkbox"/> When No
If this production is commingled with that from any other lease or pool, give commingling order number:				
COMPLETION DATA				
Designate Type of Completion - (X)				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P. B. T. D.	
Elevations (D.P., R.N., M.T., 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	
			Port #0-3	
			9-4-87	
			chy. well name	
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 allowable for this depth or be for full 24 hours)				
Place First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Clinker Size	
Actual Prod. During Test	Oil-Rate	Water-Rate	Gas-Rate	
GAS WELL				
Actual Prod. During Test	Length of Test	Actual Condensate/PMSC	Gravity of Condensate	
Testing Method (Flow, Gas lift, etc.)	Tubing Pressure (kpsi-in)	Casing Pressure (kpsi-in)	Clinker 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.		OIL CONSERVATION DIVISION		
APPROVED <u>SEP 4 1987</u> , 19		BY <u>Original Signed By</u>		
TITLE <u>Supervising District</u>				
Production Manager (Signature) <u>8/26/87</u> (Date)		This form is to be filled 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 forms C-104 must be filled for each pool in multiphase completed wells.		

OCD Exhibit 6
Case No. 13675
June 8 2006