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SANTA FE	<input checked="" type="checkbox"/>
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PRORATION OFFICE	

AUG 27 '87

REQUEST FOR ALLOWABLE
ANDC. C. D.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Stevens Operating Corporation						
Address P. O. Box 2408, Roswell, NM 88201						
Reason(s) for filing (Check proper box) Other (Please explain)						
New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>	Change of Well Name from
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	O'Brien "A" #1
Change in Ownership	<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	Well No.	Pool Name, including Formation	Kind of Lease	State, Federal or Fee	Lease No.	
O'Brien "DQ"	2	Bulls Eye-San Andres		Fee		
Location						
Unit Letter	N	990	Feet From The	South	Line and	2310
		Feet From The	West			
Line of Section	30	Township	7S	Range	29E	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)			
Navajo Crude Oil Purchasing			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)			
Is well produces oil or liquids, give formation of same.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	30	7S	29E	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)						
Oil Well	Cas Well	New Well	Workover	Reopen	Plug Back	Same Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.F.D.			
Elevation (D.V., R.M., W.T., etc.)	Name of Producing Formation	Top Oil/Cas Pay	Tubing Depth			
Perforations			Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
			Post ID-3			
			9-4-87			
			chgwll 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 top allowable 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			
Water-Whit.	Oil-Whit.	Water-Whit.	Gas-Whit.			
GAS WELL						
Length of Test	Tubing Pressure (shot-in)	Casing Pressure (shot-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 (Signature)						
8-26-87 (Date)						
OIL CONSERVATION DIVISION						
SEP 4 1987						
APPROVED _____, 19						
BY Original Signed By						
Ter A. Chapman						
TITLE Supervisor-District 11						
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 Forms C-104 must be filed for each pool in suitably completed wells.						

OCD Exhibit 8
Case No. 13675
June 8, 2006