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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
MAR 14 1986

O. C. D.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

Stevens Operating Corporation

P.O. Box 2203 Roswell, NM. 88201

Reasons for Filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Gas ☐ Condensate ☐

Recompletion ☐ Other (Please explain):
From: O'Brien OO #1
To: O'Brien EA #1

Change in Ownership ☐

If change in ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name O'Brien EA	Well No. 1	Pool Name, including Formation Wildcat Abo	Kind of Lease State, Federal or Fee Fee	Lease Chaves
Location Unit Lot No. F : 2140 Feet From The North Line and 1980 Feet From The West Line of Section 33 Township 7S Range 29E , NMPM, Chaves County.				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designated Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Nava Jo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, NM. 88210
Designated Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Liquid Energy Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4000, The Woodlands, TX. 77380
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When Yes 7-3-85

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Reservoir <input type="checkbox"/> Different Reservoir <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (H, RAB, RT, CR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
	Tubing Depth
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-2
			2-14-86
			Chg 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 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
District Controller

OIL CONSERVATION COMMISSION

APPROVED MAR 19 1986

BY _____ Original Signed By
Les A. Clements

TITLE _____ Supervisor District II

This form is to be filed in compliance with RULE 110a. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111. All portions of this form must be filled out completely for all

OCD Exhibit 10
Case No. 13675
June 8, 2006