

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Stevens & Tull, Inc.	Well API No. 30-02531718
Address P.O. Box 11005, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "9"	Well No. 2	Pool Name, Including Formation West Teas Y-SR	Kind of Lease State, Federal or Fee	Lease No. NM57280
Location Unit Letter <u>B</u> : <u>990'</u> Feet From The <u>North</u> Line and <u>2110'</u> Feet From The <u>East</u> Line Section <u>9</u> Township <u>20S</u> Range <u>33E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4649, Houston, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Saber Gas, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4122, Midland, Texas 79704			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 9	Twp. 20S	Rge. 33E
Is gas actually connected?	When ?		10/26/92	
If this production is commingled with that from any other lease or pool, give commingling order number: none				

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/7/92	Date Compl. Ready to Prod. 10/21/92	Total Depth 3340'	P.B.T.D. 3266'					
Elevations (DF, RKB, RT, GR, etc.) 3550 GR	Name of Producing Formation Yates	Top Oil/Gas Pay 3108'	Tubing Depth 3211'					
Perforations 3108 - 3190'	Depth Casing Shoe 3294'							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8" - 23#	1300'	640
7 7/8	5 1/2" - 17#	3311'	575

V. 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 Tank 10/21/92	Date of Test 10/22/92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 30	Casing Pressure 30	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 89	Water - Bbls. 10	Gas - MCF 29

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

VI. OPERATOR 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 Michael G. Mooney, Engineer
 Printed Name Michael G. Mooney, Engineer
 Date 10/28/92 Telephone No. 915/699-1410

OIL CONSERVATION DIVISION

Date Approved OCT 30 '92
 By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
 Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.