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NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

**RECEIVED**

NOV 10 1976

Stevens Oil Company  
 P.O. Box 1797, Santa Fe, New Mexico 87501

**O. C. C.**  
 ARTESIA, OFFICE

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Gas and Condensate <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease No. <b>O'Brien "H"</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Twin Lakes San Andres</b>	Kind of Lease <b>Fee</b>	Lease No.
Location				
Unit Letter <b>F</b>	<b>1980</b> Feet From The <b>North</b> Line and <b>2310</b> Feet From The <b>West</b>			
Line of Section <b>1</b>	Township <b>9S</b>	Range <b>28E</b>	<b>Chaves</b> 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"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Navajo Crude Oil Purchasing Co.</b>	<b>P.O. Box 175, Artesia, New Mexico 88210</b>					
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Stevens Oil Co.</b>	<b>P.O. Box 1797, Santa Fe, N.M. 87501</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>D</b>	Sec. <b>1</b>	Twp. <b>9S</b>	Range <b>28E</b>	Is gas actually connected? <b>yes</b>	When <b>4/21/74</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

**IV. 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.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

(Test must be after recovery of total volume of oil and must be 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 - 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

**VI. 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.

*Donald G. ...*  
 (Signature)

Owner

11/5/76

OIL CONSERVATION COMMISSION

NOV 10 1976

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY *W. A. Gressett*  
 TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 1104.  
 If this form is requested 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 owner, transporter, or other conditions of condition.