

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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JUL 6 1981

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Stevens Operating Corporation /

Address
P. O. Box 2203, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:
Oil ☐
Casinghead Gas ☒

Dry Gas ☐
Condensate ☐

Other (Please explain)

Change in Operator Name
Effective 7-1-81

If change of ownership give name and address of previous owner

STEVENS OIL COMPANY, P.O. Box 2203, Roswell, NM 88201

DESCRIPTION OF WELL AND LEASE

Lease Name: O'Brien "C"
Well No.: 7
Pool Name, including Formation: Twin Lakes-San Andres Assoc.
Location:
Unit Letter: F; 1980 Feet From The North Line and 2310
Line of Section 1 Township 9S Range 28E, NMPM

Kind of Lease: Fee
Lease No.:
State, Federal or Fee: Fee
Feet From The West
Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐
Navajo Refining Company - P/L Div.
Address (Give address which approved copy of this form is to be sent): P.O. Drawer 75, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Stevens Operating Corporation
Address (Give address which approved copy of this form is to be sent): P.O. Box 220, Roswell, NM 88201
If well produces oil or liquids, give location of tanks:
Unit: D Sec: 1 Twp: 9S Rge: 28E
Is gas actually connected? YES

Address (Give address which approved copy of this form is to be sent): P.O. Drawer 75, Artesia, NM 88210
Address (Give address which approved copy of this form is to be sent): P.O. Box 220, Roswell, NM 88201
When: 4-21-74

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 ☐ Gas well ☐ New Well ☐ Workover ☐
Date Spudded: Date Compl. Ready to Prod.: Total Depth:
Elevations (DF, RKB, RT, GR, etc.): Name of Producing Formation: Top Oil/Gas Pay:
Perforations:

Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
P.B.T.D.
Tubing Depth:
Depth Casing Shoe:

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET |
|-----------|----------------------|-----------|
| | | |
| | | |
| | | |
| | | |

| SACKS CEMENT |
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TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume able for this depth or be for full 24 hours,

of load oil and must be equal to or exceed top allowable flow rate)

Date First New Oil Run To Tanks: Date of Test: Producing Method (Flow, pump, gas lift, etc.):
Length of Test: Tubing Pressure: Casing Pressure:
Actual Prod. During Test: Oil - Bbls.: Water - Bbls.:

Choke Size:
Gas-MCF:

GAS WELL

Actual Prod. Test-MCF/D: Length of Test: Bbls. Condensate/MCF:
Testing Method (pilot, back pr.): Tubing Pressure (Shut-in): Casing Pressure (Shut-in):

Gravity of Condensate:
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.

Ronald G. Stevens
(Signature)

Owner

(Title)

6-10-81

(Date)

OIL CONSERVATION DIVISION

APPROVED: JUL 15 1981
BY: *Mrs. Williams*
TITLE: OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.
If this is a 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 owner, well name or number, transporter, or other such change of condition.
Separate Forms 1104 must be filed for each pool in multiply completed wells.