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| TRANSPORTER | OIL | 1 |
| | GAS | 1 |
| OPERATOR | | |
| PRORATION OFFICE | | |

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

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

NOV 3 1975

I. Operator
Stevens Oil Company ✓ **O. C. C.**
Address
P.O. Box 1797, Santa Fe, New Mexico 87501
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|--|---|-----------------------|
| Lease Name O'Brien C | Well No. 4 | Pool Name, Including Formation Twin Lakes Devonian | Kind of Lease State, Federal or Fee Fee | Lease No. - |
| Location Unit Letter L ; 1980 Feet From The South Line and 745 Feet From The West Line of Section 1 Township 9S Range 28E , NMPM, Chaves 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"/> Mobil Pipeline Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1073, Midland, Texas 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Stevens Oil Co. | Address (Give address to which approved copy of this form is to be sent) Box 1797, Santa Fe, N.M. 87501 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 1 | Twp. 9S | Rge. 28E | Is gas actually connected? Yes | When 10/28/75 |

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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 2/12/75 | Date Compl. Ready to Prod. 10/23/75 | | Total Depth 7235 | | P.B.T.D. - | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3938G.L. 3950KD | Name of Producing Formation Devonian | | Top Oil/Gas Pay 7199 | | Tubing Depth 7172 | | | |
| Perforations 7199-7204, 7219-24, 7230-35 | | | | | Depth Casing Shoe 7235 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11" | 8 5/8" - 28# | | 1970' | | 870 | | | |
| 7 7/8" | 5 1/2" 14 & 15.5# | | 7235' | | 700 | | | |
| 5" | 2 3/8" 4.7# | | 7172 | | | | | |

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)

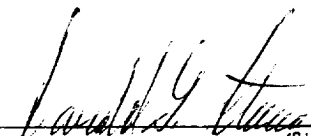
| | | | |
|--|---------------------------------|--|-------------------------|
| Date First New Oil Run To Tanks 10/27/75 | Date of Test 10/23/75 | Producing Method (Flow, pump, gas lift, etc.) Gas Lift | |
| Length of Test 24 hours | Tubing Pressure 190 | Casing Pressure PKR | Choke Size 1" |
| Actual Prod. During Test 1060 | Oil-Bbls. 106 | Water-Bbls. 954 | Gas-MCF 109.8 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, 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.


(Signature)
Owner
(Title)
10/29/75
(Date)

OIL CONSERVATION COMMISSION
APPROVED **NOV 3 1975**, 19_____
BY **W.A. Gussitt**
SUPERVISOR, DISTRICT II
TITLE _____

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, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.