

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		/
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PRORATION OFFICE		

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

AUG 30 1978

Operator STEVENS OIL COMPANY		O. C. C. ARTESIA, OFFICE	
Address P. O. Box 2203 - Roswell, New Mexico 88201			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien "C"	Well No. 4	Pool Name, including Formation Twin Lakes San Andres	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				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175 - Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Stevens Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2203 - Roswell, N.M. 88201					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 1	Twp. 9S	Range 28E	Is gas actually connected? Yes	When 8-25-78

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-21-78	Date Compl. Ready to Prod. 8-25-78	Total Depth 7235'	P.B.T.D. 2685'					
Elevations (DF, RKB, RT, GR, etc.) 3938 GL - 3950 KB	Name of Producing Formation San Andres	Top Oil/Gas Pay 2570'	Tubing Depth 2596'					
Perforations 2570-75', 2581-91'			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#	2596'						

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)

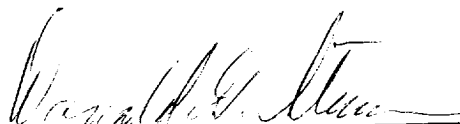
Date First New Oil Run To Tanks 8-25-78	Date of Test 8-26-78	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -----	Casing Pressure -----	Choke Size 10-2 3/4" J-Valve
Actual Prod. During Test 75 Bbls.	Oil-Bbls. 25	Water-Bbls. 50	Gas-MCF N/A

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 9.1
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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)

8-28-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 31 1978**
BY **W. A. Gressett**
TITLE **SUPERVISOR, DISTRICT II**

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.