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Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUN 07 1983

O.C.D.
DISTRICT OFFICE

STEVENS OPERATING CORPORATION ✓
Address
P. O. Box 2408, Roswell, New Mexico 88201

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
O'Brien "C"	4	Twin Lakes - Sand <i>Permian</i>	State, Federal or Fee	Fee

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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <u>XX</u>	(Give address to which approved copy of this form is to be sent)
Stevens Operating Corporation	P. O. Box 2408, Roswell, New Mexico 88201
Name of Authorized Transporter of Casinghead Gas or Dry Gas <u>XX</u>	(Give address to which approved copy of the form is to be sent)
Transwestern Pipeline Company	P. O. Box 2521, Houston, Texas 77252

It well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	1	9S	28E	Yes	8-25-78

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	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>		<u>1</u>				<u>1</u>

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>2-12-75</u>	<u>7-14-81</u>	<u>7235</u>	<u>7100</u>

Elevations (DF, RKB, RT, GK, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>3938' GR</u>	<u>Permian</u>	<u>6831</u>	<u>6686</u>

Perforations 6831 - 6834
Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>8 3/8</u>	<u>1970</u>	<u>870</u> Circ.
<u>7 7/8"</u>	<u>5 1/2</u>	<u>7235</u>	<u>700</u>
	<u>2 3/8</u>	<u>6686</u>	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Rbls.	Water-Rbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF	Length of Test	Oil-Rbls. Condensate/24HRS	Gravity of Condensate
<u>325.25</u>	<u>4 hr.</u>	<u>-</u>	<u>-</u>
Testing Method (Initial, shut-in, etc.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<u>Flowing</u>	<u>403 #</u>	<u>PKR.</u>	<u>-</u>

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]
(Signature)
Production Controller
(Title)
June 6, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 19 1983, 19
BY Leslie A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1106.

If this is 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 ownership, well name or number, or transporter, or other such change of condition.

Separate Form O-104 must be filed for each well in multiple completion.