

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-11

Effective 1-1-65

RECEIVED

AUG 2 1979

O. C. C.

NEW MEXICO OIL CONSERVATION COMMISSION

STEVENS OIL COMPANY

P.O. BOX 2203 - Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

Effective 8-1-79

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 State "CH" Com	Well No. 2	Pool Name, including Formation Twin Lakes-San Andres Assoc.	Kind of Lease State, Federal or Fee State	Lease No. K6716
Location Unit Letter E; 1850 Feet From The North Line and 990 Feet From The West Line of Section 36 Township 8S Range 28E, NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Brio Petroleum, Inc.	Address (Give address to which approved copy of this form is to be sent) 12700 Park Central Dr., Suite 215, Dallas, Texas 75251					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Stevens Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2203 - Roswell, New Mexico 88201					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 36	Twp. 8S	Rge. 28E	Is gas actually connected? Yes	When 5-4-75

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'tv.	Diff. Res'tv.
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		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of oil and gas, or be for full 24 hr. allowable for this depth or be for full 24 hr.)

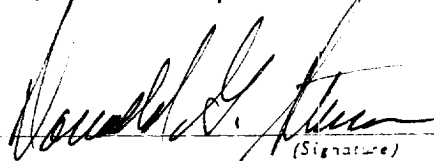
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Constr. Method	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

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.



Owner

(Title)

July 30, 1979

(Date)

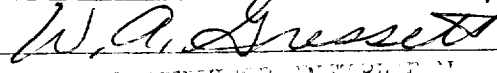
OIL CONSERVATION COMMISSION

APPROVED

AUG 2 1979

19

BY



TITLE

SUPERVISOR, DISTRICT M

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 other changes of other data of conditions.