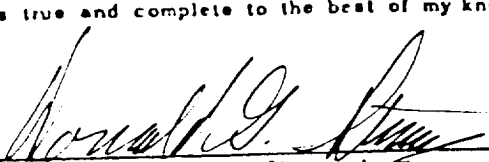


STATE OF NEW MEXICO OIL AND MINERALS DEPARTMENT		OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501		Revised 10-1-78																							
<table border="1"><tr><td>NO. OF COPIES REQUIRED</td><td>5</td></tr><tr><td>DISTRIBUTION</td><td></td></tr><tr><td>MANA FE</td><td>1</td></tr><tr><td>FILE</td><td>1</td></tr><tr><td>U.S.D.</td><td></td></tr><tr><td>LAND OFFICE</td><td></td></tr><tr><td>TRANSPORTER</td><td>1</td></tr><tr><td>OIL</td><td>1</td></tr><tr><td>GAS</td><td>1</td></tr><tr><td>OPERATOR</td><td>1</td></tr><tr><td>FORMATION OFFICE</td><td></td></tr></table>		NO. OF COPIES REQUIRED	5	DISTRIBUTION		MANA FE	1	FILE	1	U.S.D.		LAND OFFICE		TRANSPORTER	1	OIL	1	GAS	1	OPERATOR	1	FORMATION OFFICE		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		JUL 6 1981 C. C. D. ARTESIA, OFFICE	
NO. OF COPIES REQUIRED	5																										
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FORMATION OFFICE																											
Stevens Operating Corporation /																											
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 type="checkbox"/>			Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>																								
Change in Ownership <input checked="" type="checkbox"/>			Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>																								
			Change in Operator Name Effective 7-1-81																								
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		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.																						
O'Brien "E"		1	Twin Lakes-San Andres Assoc.	State, Federal or Fee Fee																							
Location																											
Unit Letter G ; 1650 Feet From The North Line and 2310 Feet From The East																											
Line of Section 1 Township 9S Range 28 E , NMPM, Chaves County																											
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS																											
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)																								
Navajo Refining Company - P/L Div.			P.O. Drawer 175, Artesia, NM 88210																								
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)																								
Stevens Operating Corporation			P.O. Box 2203, Roswell, NM 88201																								
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.																						
		D	1	9S	28E																						
		Is gas actually connected?		When																							
		Yes		5-26-78																							
(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 Restv. Diff. Restv.																											
Date Spudded		Date Compl. Ready to Prod.		Total Depth																							
				P.B.T.D.																							
Elevations (DF, RAB, RT, CR, 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 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 - Bbls.		Water - Bbls.																							
				Gas - MCF																							
GAS WELL																											
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MCF																							
				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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.																											
																											
Owner (Signature)																											
6-10-81 (Date)																											
OIL CONSERVATION DIVISION																											
APPROVED JUL 15 1981																											
BY Mike 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, or transporter, or other such change of condition.																											
Separate Forms C-104 must be filed for each pool in multiply completed wells.																											