

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

STEVENS OIL COMPANY

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

If change of ownership give name
and address of previous owner _____

Lease Name O'Brien "E"	Well No. 2	Pool Name, including Formation Twin Lakes-San Andres Assoc.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter J ; 2310 Feet From The South Line and 2310 Feet From The East				
Line of Section 1 Township 9S Range 28E NMPM, Chaves County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Brio Petroleum, Inc.					12700 Park Central Dr., Suite 215, Dallas, Texas 75225	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Stevens Oil Company					P.O. Box 2203 - Roswell, New Mexico 88201	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	1	9S	28E	Yes	6-1-78

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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded		Date Compl. Ready to Prod.		Total Depth			F.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 must be after recovery of total volume of oil and must be able for this death 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	Depth, ft.	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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)	Check Size

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.

APPROVED AUG 2 1979 , 19
BY W. C. Gussitt
TITLE SUPERVISOR, DISTRICT 12

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 as an original certificate for other purposes of application