

DATE OF FILING	1
FILE	1
U.S. DEPT. OF THE INTERIOR	
LAND OFFICE	
TRANSPORTER	1
OPERATOR	1
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CITY/STATE	

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

RECEIVED

JUL 6 1981

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Stevens Operating Corporation /

Address
P. O. Box 2203, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☒Dry Gas ☐Condensate ☐

Other (Please explain)

Change in Operator Name
Effective 7-1-81

If change of ownership give name

and address of previous owner Stevens Oil Company, P. O. Box 2203, Roswell, N.M. 88201

DESCRIPTION OF WELL AND LEASE

Lease Name State "CH" Com	Well No. 3	Pool Name, including Formation Twin Lakes-San Andres Assoc.	Kind of Lease State, Federal or Free State	Lease No. 82803 (Comm.)
Location Unit Letter D : 660 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. Navajo Reg. Co. H. H. Davis	Address (Give address to which approved copy of this form is to be sent) Texas 75251 12700 Park Central Dr., Suite 215, Dallas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Stevens Operating Corporation	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 Sec. Twp. Rge. E 36 8S 28E	Is gas actually connected? When yes 4-1-78

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't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Deviations (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)

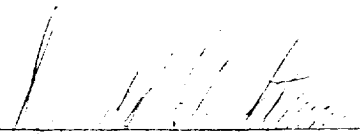
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Initial Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Initial Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size

CERTIFICATE OF COMPLIANCE

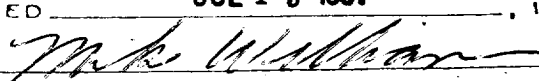
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

	(Signature)
Owner	(Title)
6-10-81	(Date)

OIL CONSERVATION DIVISION

JUL 15 1981

APPROVED _____, 19

BY 

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 deviate 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 Form C-104 must be filed for each pool in multiple completion wells.