

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

RECEIVED

OCT 16 1979

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

REGISTRATION	1
LAND OFFICE	1
TRANSPORTER	1
OPERATOR	1
PRODUCTION OFFICE	1

Operator
STEVENS OIL COMPANY ✓Address
P. O. BOX 2203 - Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien "I"	Well No. 2	Pool Name, Including Formation Assoc. Twin Lakes-San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter E : 2310 Feet From The North Line and 330 Feet From The West Line of Section 31 Township 8-S Range 29-E, NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Brio Petroleum	Address (Give address to which approved copy of this form is to be sent) Texas 752 12700 Park Central Dr. Suite 215, Dallas 88201					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Stevens Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2203, Roswell, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 36	Twp. 8-S	Rge. 28-E	Is gas actually connected? Yes	When 10-12-79

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 10-2-79	Date Compl. Ready to Prod. 10-12-79		Total Depth 2860'		P.E.T.D. 2850'			
Elevations (DF, RKB, RT, GR, etc.) 3968.6 Gr. 3974.6 KB	Name of Producing Formation San Andres		Top Oil/Gas Pay 2661'		Tubing Depth 2630'			
Perforations 2661.5, 62, 62.5, 63, 63.5, 64, 72, 72.5, 73, 73.5, 74, 79.5, 80, 81.5, 82, 82.5, 83, 83.5, 84, 84.5, 85, 85.5, 86, 89, 89.5, 90, 93, 93.5, 94, 94.5		TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE 12-1/2"	CASING & TUBING SIZE 8-5/8" 20#		DEPTH SET 128'		SACKS CEMENT 75			
7-7/8"	4-1/2" 9.5#		2860'		150			
4"	2-3/4" 4.7#		2630'					

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

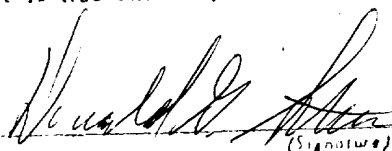
Date First New Oil Run To Tanks 10-12-79	Date of Test 10-12-79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 8 hrs.	Tubing Pressure 160#	Casing Pressure Pkr.	Choke Size 46/64"
Actual Prod. During Test 102	Oil-Bbls. 82	Water-Bbls. 20	Gas-MCF N/A

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

III. 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

(Title)

10-15-79

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 17 1979

BY W. A. Gressett
SUPERVISOR, DISTRICT II

TITLE

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 deviated 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 re-completed 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 conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

FRED F. POOL, JR.

Suite 327 White Building - Roswell, N. M. 88201

October 15, 1979

Stevens Oil Co.

Deviation Test:

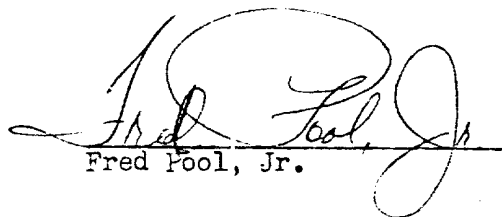
O'BRIEN I NO. 2

131 ft. - 1/4 degree
900 ft. - 1/4 degree
2163 ft. - 3/4 degree
2715 ft. - 1 1/2 degree

RECEIVED

OCT 16 1979

O. C. C.
ARTESIA, OFFICE


Fred Pool, Jr.

STATE OF NEW MEXICO

COUNTY OF CHAVES

The foregoing instrument was acknowledged before me this 15th day of
October, 1979, by Fred Pool, Jr.

My commission expires

2-1-83


Notary