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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-110
Effective 1-1-65

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SEP 29 1980

O. C. D.
ARTESIA, OFFICE

Operator STEVENS OIL COMPANY		
Address P.O. Box 2203, Roswell, N.M. 88201		
Reason(s) for filing (Check proper box)	Effective 9-1-80 Change in Transporter of:	Other (Please explain)
New Well <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name O'Brien "J"		1	Twin Lakes-San Andres Assoc.	State, Federal or Fee Fee	
Location					
Unit Letter N ; 330 Feet From The South Line and 1650 Feet From The West					
Line of Section 30 Township 8S Range 29E , NMPM, Chaves County					

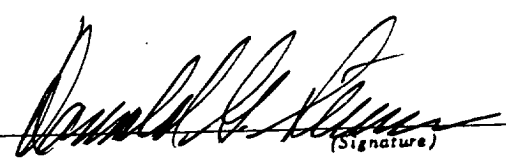
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Navajo Crude Oil Purchasing Company			P.O. Drawer 175, Artesia, N.M. 88210		
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, N.M. 88201		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	A	36	8S	29E	yes 12-15-79

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

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		F.B.T.D. Part ID-3					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth to NRC					
Perforations				Depth Casing Shoe 10-3-80					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

V. 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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION SEP 30 1980	
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 _____, 19	
 Owner		BY <u>W. A. Gressett</u>	
(Title)		TITLE <u>SUPERVISOR, DISTRICT II</u>	
9-1-80 (Date)		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 multiple	