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MAY 17 1983

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

STEVENS OPERATING CORPORATION

Address  
P. O. Box 2408, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐  
Casinghead Gas ☒ Condensate ☐

Other (Please explain)

Change from a gas well to an oil well

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien "F"	Well No. 4	Pool Name, including Formation Twin Lakes - San Andres Assoc	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>8S</u> Range <u>28E</u> , NMPM, <u>Chaves</u> County					

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil <u>Mapco Production Co.</u>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> MAPCO Production Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2115, Tulsa, Oklahoma 74101-2115					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 36	Twp. 8S	Rge. 28E	Is gas actually connected? Yes	When 2-8-83

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.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
			Post 50-3 5-27-83 by [signature] for oil well

## 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 5-13-83	Date of Test 5-13-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 130#	Casing Pressure	Choke Size 20/64
Actual Prod. During Test 89	Oil-Bbls. 70	Water-Bbls. 19	Gas-MCF 178

## 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

## 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.

Donald G. Stevens (Signature)  
President (Title)

May 16, 1983 (Date)

OIL CONSERVATION DIVISION  
MAY 25 1983

APPROVED \_\_\_\_\_, 19\_\_\_\_

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 deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filled for each pool in multi-completed wells.

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form O-100  
Supersedes O-100H  
Effective 1-1-65

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All distances must be from the outer boundaries of the Section

STEVENS OIL CO.

O'Brien F.

MAY 17 1983

4

K 25

South

2 East

O. C. D.  
ARTESIA, OFFICE

1650

South

2310

West

3920.3

San Andres

Twin Lakes San Andres Assoc.

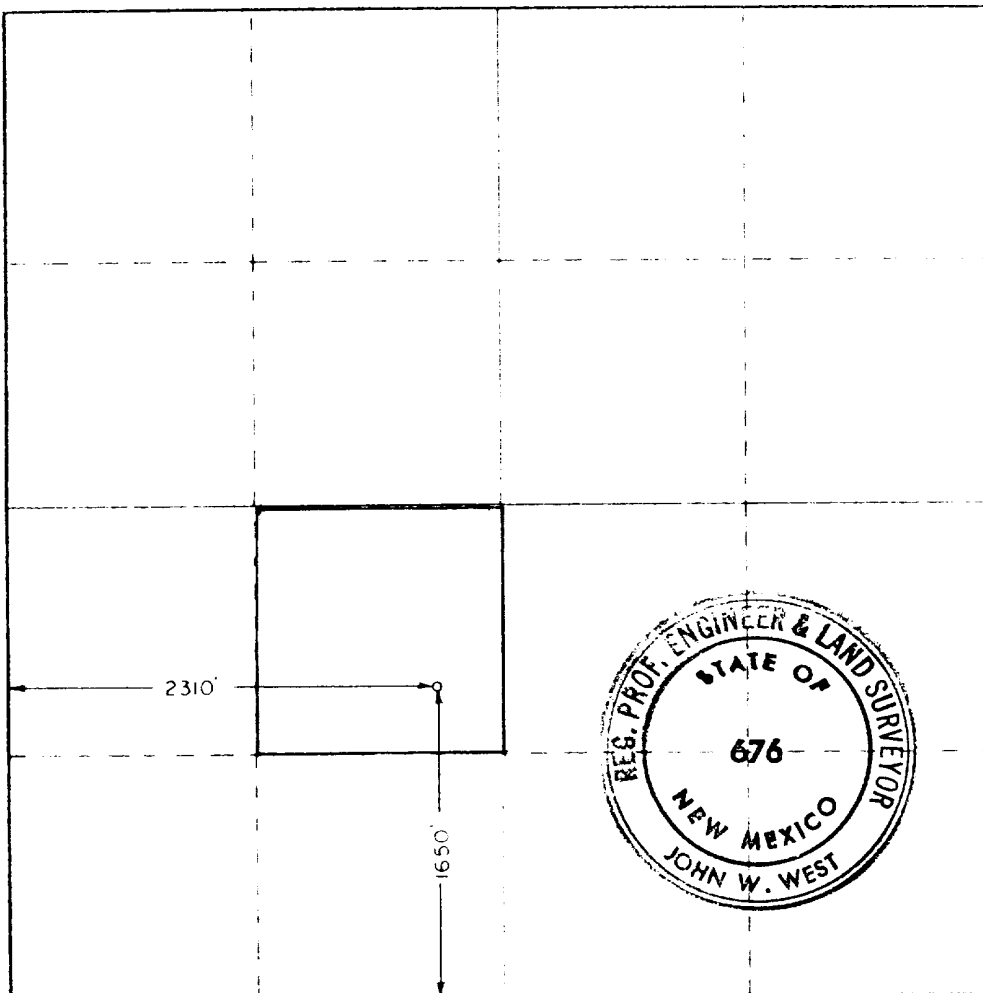
40

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Donald G. Stevens

President

STEVENS OPERATING CORPORATION

May 16, 1983

*Donald G. Stevens*

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

December 1, 1979

*John W. West*

John W. West  
REGISTERED LAND SURVEYOR