

APPLICATION FOR WELLHEAD  
PRICE CEILING CATEGORY DETERMINATION

RECEIVED

C-132

## 1. FOR DIVISION USE ONLY

DATE OF: APPLICATION \_\_\_\_\_  
DETERMINATION \_\_\_\_\_  
CONTESTED \_\_\_\_\_  
PARTICIPANTS \_\_\_\_\_

DEC 2 1980

O. C. D.  
ARTESIA OFFICE

Kind of Lease	Fee
State, Federal or Fee	
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	O'Brien "I"
9. Well No.	5
10. Field and Pool, or Wildcat	Twin Lakes-San Andres Assoc.
12. County	Chaves

2. Name of Operator  
Stevens Oil Company ✓

3. Address of Operator  
P.O. Box 2203, Roswell, N.M. 88201

4. Location of Well  
UNIT LETTER F 2310 FEET FROM THE North LINE AND 1650 FEET FROM  
THE West LINE, SECTION 31 TOWNSHIP 8-S RANGE 29-E NMPM.

13. Name and Address of Transporter(s)  
Stevens Oil Company P.O. Box 2203, Roswell, N.M. 88201

## WELL CATEGORY INFORMATION

Check appropriate box for category sought and information submitted.

- ☒ 1. Category(ies) Sought (By NGPA Section No.) 103
2. All Applications must contain:
- ☒ a. C-101 APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK
- ☒ b. C-105 WELL COMPLETION OR RECOMPLETION REPORT AND LOG
- ☐ c. DIRECTIONAL DRILLING SURVEY, IF REQUIRED UNDER RULE 111
- ☒ d. AFFIDAVITS OF MAILING OR DELIVERY
- ☐ 3. NEW NATURAL GAS UNDER SEC. 102(c) (1) (B) (using 2.5 Mile or 1000 Feet Deeper Test)
- ☐ a. Location Plat
- ☐ 4. NEW NATURAL GAS UNDER SEC. 102(c) (1) (C) (new onshore reservoir)
- ☐ a. C-122 Multipoint and one point back pressure test
- ☒ 5. NEW ONSHORE PRODUCTION WELL
- ☒ a. C-102 WELL LOCATION AND ACREAGE DEDICATION PLAT
- ☐ b. No. of order authorizing infill program \_\_\_\_\_
- ☐ 6. STRIPPER GAS
- ☐ a. C-116 GAS-OIL RATIO TEST
- ☐ b. PRODUCTION CURVE FOR 12-MONTH PERIOD PRECEDING DECEMBER 1, 1978.
- ☐ c. PRODUCTION CURVE FOR THE 90-DAY PERIOD ON WHICH THE APPLICATION IS BASED

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED  
HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY  
KNOWLEDGE AND BELIEF.Stevens Oil Company  
NAME OF APPLICANT (Type or Print)Title OwnerDate 11-14-80Signed [Signature]

## DIVISION USE ONLY

- ☐ Approved
- ☐ Disapproved

The information contained herein incl  
all of the information required to be  
filed by the applicant under Subpart 1  
of Part 274.

EXAMINER

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LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

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-111  
Effectively **RECEIVED**

SEP 29 1980

O. C. D.  
ARTESIA, OFFICE

I. Operator  
STEVENS OIL COMPANY ✓  
Address  
P.O. Box 2203, Roswell, N.M. 88201  
Reason(s) for filing (Check proper box) Effective 9-1-80  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
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. 5 Pool Name, Including Formation Twin Lakes-San Andres Assoc. Kind of Lease State, Federal or Fee Fee Lease No.  
Location  
Unit Letter F ; 2310 Feet From The North Line and 1650 Feet From The West  
Line of Section 31 Township 8S Range 29E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Navajo Crude Oil Purchasing Company Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, N.M. 88210  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Stevens Oil Company 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 A Sec. 36 Twp. 8S Rge. 29E Is gas actually connected? yes When 7-16-80

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

IV. COMPLETION DATA  
Designate Type of Completion - (X)  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 15-12-80  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 11-800 to NRC  
Perforations Depth Casing Shoe 1-3-80  
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 (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE  
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.  
Owner (Signature)  
(Title)  
9-1-80 (Date)

OIL CONSERVATION COMMISSION  
APPROVED SEP 30 1980  
BY W. A. Gressett  
TITLE SUPERVISOR, DISTRICT II  
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 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.