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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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AUG 8 1980

O. C. D.

ARTESIA, OFFICE

Corrected Report

Operator Stevens Oil Company	
Address P.O. Box 2203, Roswell, N.M. 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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

Lease Name O'Brien "F"		Well No. 5	Pool Name, Including Formation Twin Lakes-San Andres	Kind of Lease Assoc.	Lease No.
Location		State, Federal or Fee Fee			
Unit Letter 'P'		330 Feet From The South Line and		990 Feet From The East	
Line of Section 35		Township 8-S		Range 28-E, NMPM, Chaves County	

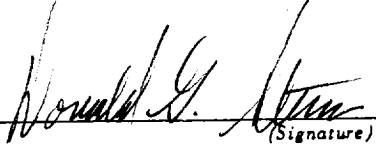
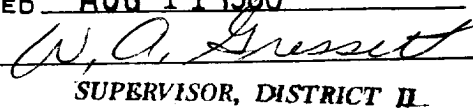
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Brio Petroleum, Inc.		12700 Park Central Dr. Suite 215, Dallas				
Name of Authorized Transporter of Casinghead 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 C	Sec. 36	Twp. 8-S	Rge. 28-E	Is gas actually connected? yes	When 6-26-80

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-31-80	Date Compl. Ready to Prod. 6-30-80	Total Depth 2703'		P.B.T.D. 2689'					
Elevations (DF, RKB, RT, GR, etc.) 8930.4 Gr., 3936.4KB	Name of Producing Formation San Andres	Top Oil/Gas Pay 2568.6		Tubing Depth 2590'					
Perforations 2568.5, 69, 69.5, 73.5, 74, 74.5, 80.5, 81, 81.5, 84.5, 85, 85.5, 87, 87.5, 88		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/2"	8-5/8"		126'		75 sacks				
7-7/8"	5-1/2" 4 1/2"		2698'		125 sacks				

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 6-26-80	Date of Test 6-30-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 83	Oil-Bbls. 22	Water-Bbls. 61	Gas-MCF N/A

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	
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 AUG 11 1980, 19	
 Owner		BY  SUPERVISOR, DISTRICT II	
8-7-80 (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 multiply completed wells.	