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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

AUG 27 '87

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA OFFICE

Operator Stevens Operating Corporation												
Address P. O. Box 2408, Roswell, NM 88201												
Reason(s) for filing (Check proper box)						Other (Please explain)						
New Well	<input type="checkbox"/>	Change in Transporter of:				Change of Well Name from O'Brien "A" #2						
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												
DESCRIPTION OF WELL AND LEASE												
Lease Name		Well No.	Pool Name, Including Formation			Kind of Lease State, Federal or Fee		Lease No.				
O'Brien "DQ"		1	South Elkins Fusselman Gas			Fee						
Location												
Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>												
Line of Section <u>30</u> Township <u>7S</u> Range <u>29E</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					(Give address to which approved copy of this form is to be sent)							
Navajo Crude Oil Purchasing					P. O. Drawer 159, Artesia, NM 88210							
Name of Authorized Transporter of Casinghead Gas or Dry Gas					(Give address to which approved copy of the form is to be sent)							
It well produces oil or liquids, give location of tanks.					Unit	Sec.	Top.	Age.	Is gas actually connected? When			
					M	30	7S	29E	No			
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded					Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		
Elevations (DF, RKB, WT, CR, 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 ID-3				
								9-4-87				
								ch. well name				
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 to allow-able 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 prod.)			Tubing Pressure (shut-in)			Casing Pressure (shut-in)			Choke Size			
CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION						
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.						APPROVED <u>SEP 4 1987</u> , 19						
 (Signature)						BY <u>Les A. [unclear]</u>						
						TITLE <u>Supervisor District 11</u>						
Production Manager (Title)						This form is to be filed in compliance with RULE 1104.						
8/26/87 (Date)						If this is 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 allow-able 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 condition.						
						Separate Forms C-104 must be filed for each pool in multiply completed wells.						