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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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-110  
Effective 1-1-65

AUG 21 1980

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

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	Lease No.
O'Brien "F"	6	Twin Lakes-San Andres	Assoc. State, Federal or Fee Fee	
Location				
Unit Letter	H	2310 Feet From The North Line and 990 Feet From The East		
Line of Section	35	Township 8-S	Range 28-E	Chaves County

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)
Brio Petroleum, Inc.				12700 Park Central Dr. Suite 215, Dallas Tex. 75251
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.
	C	36	8-S	28-E
				Is gas actually connected? Yes
				When 7-23-80

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.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-26-80	7-23-80	2750'	2730' 2587					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3940.8 Gr., 3946.8	K.B. San Andres	2639 2539	2675 2380					
Perforations	Depth Casing Shoe							
2539, 39.5, 40.5, 49.5, 51.5, 52.5, 53.69, 69.5, 70.5, 71.72.5,	2746							
TUBING, CASING, AND CEMENTING RECORD 73								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/2"	8-5/8"	121'	75 SX.					
7-7/8"	4-1/2"	2746'	125 SX.					
		238"	2380					

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)

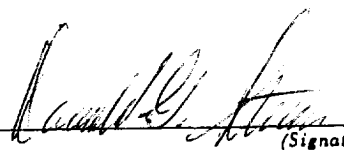
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-12-80	8-13-80	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	--	--	--
Actual Prod. During Test	Oil-Bbl's.	Water-Bbl's.	Gas-MCF
50.8	4.1	46.7	81.2

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

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)
8-20-80	(Title)
	(Date)

OIL CONSERVATION COMMISSION

APPROVED	AUG 26 1980	19
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 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.