

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

OCT 21 1981

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.D.	
LAND OFFICE	
TRANSPORTER	1
OIL	1
GAS	1
OPERATOR	1
PRODUCTION OFFICE	

Operator Stevens Operating Corporation /	
Address P. O. Box 2203, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien "E"	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 I	2310	Feet From The South	Line and 990	Feet From The East
Line of Section 1	Township 9S	Range 28E	NMPM, Chaves	County

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co. P/L Division	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Stevens Operating Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2203, Roswell, New Mexico 88201	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 1
	Twp. 9S	Rge. 28E
	Is gas actually connected? When Yes 10-16-81	

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded 9-20-81	Date Compl. Ready to Prod. 10-16-81	Total Depth 2730'	P.B.T.D. 2730'					
Elevations (DF, RKB, RT, GR, etc.) 3970.7 GR, 3975.7 KB	Name of Producing Formation San Andres	Top Oil/Gas Pay 2617.5	Tubing Depth 2509'					
Perforations 2617.5, 18, 18.5, 2623, 23.5, 24, 2631.5, 32, 32.5, 2647.5, 48, 48.5			Depth Casing Shoe 2730'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 20#	130'	75
7 7/8"	4 1/2" 9.5#	2730'	200
4"	2 3/8"	2509'	

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)

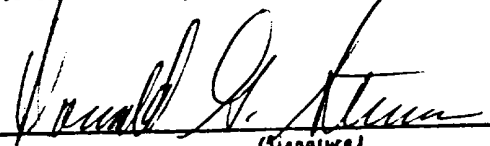
Date First New Oil Run To Tanks 10-16-81	Date of Test 10-16-81	Producing Method (Flow, pump, gas lift, etc.) Flowing and swabbing	
Length of Test 8 hrs	Tubing Pressure 25#	Casing Pressure pkr	Choke Size 3/4
Actual Prod. During Test 157bbbls	Oil-Bbls. 89	Water-Bbls. 68 load water	Gas-MCF N/A

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

1. 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.


President
10-16-81

OIL CONSERVATION DIVISION

APPROVED OCT 23 1981
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 deviator 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, transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multiple recompleted wells.

STEVENS OPERATING CORPORATION

118 WEST FIRST STREET

P. O. BOX 2203

ROSWELL, NEW MEXICO 88202—2203

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G. C. D.
ARTESIA OFFICE

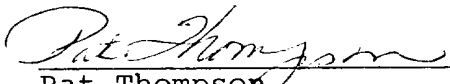
DON STEVENS
CURTIS STEVENS
505-622-7273

October 20, 1981

RE: O'Brien "E" #5
Unit Letter I
2310' FSL & 990' FEL
Sec. 1, T9S, R28E
Chaves County, New Mexico

The following is a Deviation Survey for the above captioned well.

DEPTH	DEVIATION
500'	1/4°
1000'	1/2°
1500'	1/2°
2000'	1/2°
2500'	1/2°

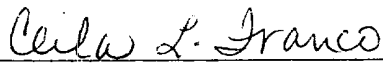

Pat Thompson
Production Agent

STATE OF NEW MEXICO X
COUNTY OF CHAVES X

The foregoing was acknowledged before me this 20th day of October, 1981.

my commission expires:

October 14, 1984


Ceila Franco, Notary Public