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~~ARTESIA, OFFICE~~

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"/>
Recompletion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>

Change in Transporter of:

Oil

**Dry Gun**

## Coalhead Gas

Condensate

Other (Please explain)

To Show Casinghead gas connected

If change of ownership give name and address of previous owner \_\_\_\_\_

### DESCRIPTION OF WELL AND LEASE

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Lease Name	Well No.	Pool Name, Including Formation	Assoc.	Kind of Lease	Lease No.
O'Brien "J"	7	Twin Lakes-San Andres		State, Federal or Fee	Fee

Location

Unit Letter H : 990 Feet From The East Line and 2310 Feet From The North

Line of Section 31 Township 8S Range 29E, NMPM, Chaves County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					P.O. Drawer 175, Artesia, N.M. 88210	
Navajo Refining Co. P/L Div.						
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.	Is gas actually connected?	When
	H	31	8S	29E	yes	12-15-80

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

### COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			

## TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 all able for this depth or be for full 24 hours)

OIL WELL			
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

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)	Coating 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.

Owner

(Title)

2-12-81

(Date)

OIL CONSERVATION DIVISION  
FEB 16 1981

APPROVED

BY

**TITLE**

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multi-completed wells.