

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

COPIES OF THIS FORM	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	1
OIL	1
GAS	1
OPERATION	1
REGISTRATION OFFICE	1

Stevens Oil Company

P. O. Box 2203, Roswell, New Mexico 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"/>
Change in Ownership	<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 "J"	8	Twin Lakes-San Andres Assoc.	State, Federal or Fee Fee	
Location				
Unit Letter	B	990 Feet From The North Line and 2310 Feet From The East		
Line of Section	31	Township 8S	Range 29E	County Chaves

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)					
Navajo Refining Co. P/L Div.	P. O. Drawer 175, Artesia, N. M. 88210					
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 Co.	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
	B	31	8S	29E	Yes	3/14/81

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
2-27-81	3-14-81		2961'		2940'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3972.8 GR, 3982.8 KB	San Andres		2708.5		2698'			
Perforations	2708.5, 9, 9.5, 19, 19.5, 20, 22, 22.5, 23, 28, 28.5, 29, 30.5, 31, 31.5					Depth Casing Shoe		
						2850		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/2"	8-5/8" 20#	120'	75 sacks
7-7/8"	4-1/2" 9.5#	2850'	125 sacks

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)

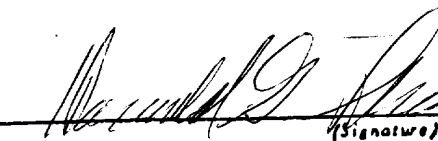
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-14-81	3-17-81	Flow/Swabbing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	80#	Pkr.	3/4"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
100	88	12	N/A

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.

  
Owner  
(Title)  
3-18-81  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 25 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 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.

# FRED POOL JR.

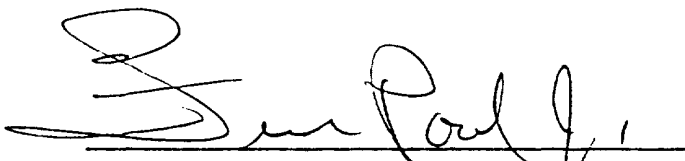
Box 1300, Clovis Star Route  
Roswell, New Mexico 88201

March 18, 1981

Deviation tests:

O'Brien J #8  
Chaves County, N.M.

598 ft.	1/2 degree
1727 ft.	1 "
2200 ft.	1 1/4 "
2960 ft.	3/4 "


  
Fred Pool, Jr. Contractor

STATE OF NEW MEXICO  
COUNTY OF CHAVES

The foregoing instrument was acknowledged before me this  
18th day of March, 1981, by Fred Pool, Jr.

My Commission expires

Oct 15 1984

  
Notary Public

**FRED POOL JR.**


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Roswell, New Mexico 88201

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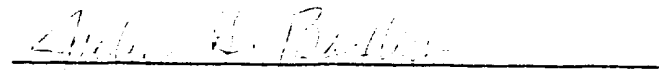
  
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