

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUL 6 1981

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Stevens Operating Corporation

P. O. Box 2203, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

Well

Completion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Change in Operator Name  
Effective 7-1-81

Change of ownership give name

Address of previous owner Stevens Oil Company, P. O. Box 2203, Roswell, N.M. 88201

## DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Brien "L"	2	Twin Lakes-San Andres Assoc.	State, Federal or Fee Fee	
Well Letter B ; 330' Feet From The North Line and 2310 Feet From The East				
Line of Section 6 Township 9S Range 29E, NMPM, Chaves County				

## SIGNATION 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)					
Avajo 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 Operating Corporation	P. O. Box 2203, Roswell, N.M. 88201					
Well produces oil or liquids, <sup>0.5</sup> <sub>130</sub>	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
Location of tanks.	D	1	9S	28E	yes	12-19-80

If 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 Restv.	Diff. Restv.
Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
ations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
ations						Depth Casing Shoe		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

## TEST DATA AND REQUEST FOR ALLOWABLE 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)


First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
th of Test	Tubing Pressure	Casing Pressure	Choke Size
al Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## WELL

al Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
ing Method (pilot, 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 Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
(Signature)

Owner

(Title)

6-10-81

(Date)

## OIL CONSERVATION DIVISION

JUL 15 1981

APPROVED \_\_\_\_\_, 19

BY Mike Williams  
TITLE OIL AND GAS INSPECTOR

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 recompleted wells.