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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

DEC 28 1983

O. C. D.
ARTESIA OFFICE

Operator

STEVENS OPERATING CORPORATION ✓

Address

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

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☒Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

O'Brien "L"

Well No.

2

Pool Name, Including Formation

Twin Lakes- San Andres

Kind of Lease

State, Federal or Fee

Fee

Lease No.

Location

Unit Letter B : 330 Feet From The North Line and 2310 Feet From The EastLine of Section 6 Township 9S Range 29E NMPM Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate

Navajo Refining Company - Pipeline Div.

(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 ☒ or Dry Gas

Liquid Energy Corporation

(Give address to which approved copy of the form is to be sent)

P. O. Box 4000, The Woodlands, Texas 77380

If well produces oil or liquids,
give location of tanks.

Unit

D

Sec.

1

Twp.

9S

Rge.

28E

Is gas actually connected? When

Yes

12-19-80

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.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.S.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

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 lead oil and must be equal to or exceed to allow-
able 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.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Rhls.

Water-Rhls.

Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Rhls. Condensate/MCF

Gravity of Condensate

Testing 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
above is true and complete to the best of my knowledge and belief.Production Controller
(Title)

December 8, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 29 1983, 19BY Mike WilliamsTITLE OIL AND GAS INSPECTOR

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

If this is 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 allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ownership,
well name or number, or transporter, or other such change of condition.Separate Form C-104 must be filled for each pool in multiply
completed wells.