

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

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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.O.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	1
PRODUCTION OFFICE	

Operator

STEVENS OPERATING CORPORATION

Address

P. O. Box 2408, 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)

Change of operator effective  
2-16-82If change of ownership, give name  
and address of previous ownerFred Pool <sup>Operating Co.</sup> ~~Drilling~~, Box 1300, Clovis Rt, Roswell, NM 88201

## DESCRIPTION OF WELL AND LEASE

Lease Name <b>McKnight McKnight</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Undesignated Abo</b>	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <b>H J</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line of Section <b>28</b> Township <b>6S</b> Range <b>22E</b> , NMPM, <b>Chaves</b> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Transwestern Pipeline Company</b>	<b>P. O. Box 2521, Houston, TX 77001</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>28</b>	Sec. <b>6S</b>
	Twp. <b>22E</b>	Rge. <b>Chaves</b>
	Is gas actually connected? <b>yes</b> When <b>12-2-81</b> <b>Nov. 1981</b>	

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 Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## 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

## 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 Coordinator

(Title)

2-26-82

(Date)

## OIL CONSERVATION DIVISION

MAR 10 1982

APPROVED

BY

SUPERVISOR, DISTRICT II

TITLE

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 allow-  
able 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 multiple  
completed wells.

