

MAR 08 1983

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA, OFFICE

REGISTRATION OFFICE	
DISTRIBUTION	
SANTA FE	
ALBUQUERQUE	
EL PASO	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

STEVENS OPERATING CORPORATION

Address  
P. O. Box 2408, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	<input 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 checked="" 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.
M & M Federal	1	West Pecos Slope Abo	State, Federal or Fee Federal	NM 32324

Location	Unit Letter	Line	Section	Township	Range	County
	L	1980	South	660	West	
	21	6S	23E	NMPM	Chaves	

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
Navajo Crude Oil	<input checked="" type="checkbox"/>	P. O. Drawer 175, Artesia, New Mexico 88210				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
	<input checked="" type="checkbox"/>	NO Box 1521 Houston Tex 77001				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	21	6S	23E	11/2	11/21/81

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Pres.
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

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 oil  
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-Bbls.	Water-Bbls.	Gas-MCF

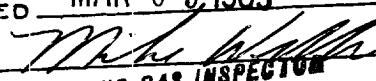
GAS WELL	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## 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)March 7, 1983  
(Date)

## OIL CONSERVATION DIVISION

APPROVED MAR 09 1983

BY   
OIL AND GAS INSPECTOR

TITLE

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

If this is a request for allowable for a newly drilled or deep  
well, this form must be accompanied by a tabulation of the devi  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for al  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ou  
well name or number, or transporter, or other such change of condiSeparate Forms C-104 must be filled for each pool in mul  
recompleted wells.