

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78RECEIVED  
AUG 20 1982  
O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
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| DISTRIBUTION           |     |
| SANTA FE               |     |
| FILE                   |     |
| U.S.S.                 |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
| OPERATOR               | GAS |
| PRODUCTION OFFICE      |     |
| Operator               |     |

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 checked="" 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 "L"     | 9        | Twin Lakes-San Andres Assoc.   | State, Federal or Fee Fee |                     |
| Location        |          |                                |                           |                     |
| Unit Letter     | K        | 2310 Feet From The             | South Line and            | 1650 Feet From The  |
| Line of Section | 6        | Township                       | 9S                        | Range               |
|                 |          |                                | 29E                       | NMPM, Chaves County |

## 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 Company - Pipeline Div.  | P. O. Drawer 175, Artesia, NM 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) |      |      |      |                            |         |
| MAPCO Production Company   | P. O. Box 2115, Tulsa Oklahoma 74101-2115                                |      |      |      |                            |         |
| If well produces oil or liquids,<br>give location of tanks.  | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? | When    |
|  | D  | 1    | 9S   | 29E  | YES                        | 7-15-81 |

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'v. | Diff. Res'v. |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.     |          |        |           |             |              |
| Elevations (DF, R&B, 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/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 Coordinator

(Title)

8-16-82

(Date)

## OIL CONSERVATION DIVISION

APPROVED AUG 26 1982

BY

Mike Williams

TITLE

OIL AND GAS INSPECTOR

This form is to be filled 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 filled for each pool in multiply completed wells.

STATE OF NEW MEXICO 87501  
APPLICATION FOR WELLHEAD  
PRICE CEILING CATEGORY DETERMINATION

1. FOR DIVISION USE ONLY:

DATE COMPLETE APPLICATION FILED \_\_\_\_\_

DATE DETERMINATION MADE \_\_\_\_\_

WAS APPLICATION CONTESTED? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME(S) OF INTERVENOR(S), IF ANY: \_\_\_\_\_

RECEIVED

OCT 19 1981

O. C. D.  
ARTESIA, OFFICE

|   |
|---|
| 5A. Indicate Type of Lease                                  |
| STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.                                |
| 7. Unit Agreement Name                                      |
| 8. Farm or Lease Name                                       |
| O'Brien "L"   |
| 9. Well No.   |
| No. 9   |
| 10. Field and Pool, or Wildcat                              |
| Twin Lakes-San Andres                                       |
| Assoc.  |
| 12. County  |
| Chaves  |

2. Name of Operator

Stevens Operating Corp. /

3. Address of Operator

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

4. Location of Well

UNIT LETTER

K

LOCATED

2310

FEET FROM THE

South

LINE

AND

1650

FEET FROM THE

West

LINE OF SEC.

6

TWP.

9-S

RCE. 29-E

NMPM

11. Name and Address of Purchaser(s)

Stevens Operating Corp. P. O. Box 2203, Roswell, New Mexico 88201

WELL CATEGORY INFORMATION

Check appropriate box for category sought and information submitted.

1. Category(ies) Sought (By NGPA Section No.) 103
2. All Applications must contain:
  - ☒ a. C-101 APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK
  - ☒ b. C-105 WELL COMPLETION OR RECOMPLETION REPORT
  - ☐ c. DIRECTIONAL DRILLING SURVEY, IF REQUIRED UNDER RULE 111
  - ☒ d. AFFIDAVITS OF MAILING OR DELIVERY
3. In addition to the above, all applications must contain the items required by the applicable rule of the Division's "Special Rules for Applications For Wellhead Price Ceiling Category Determinations" as follows:
  - A. NEW NATURAL GAS UNDER SEC. 102(c)(1)(B) (using 2.5 Mile or 1000 Feet Deeper Test)
    - ☐ All items required by Rule 14(1) and/or Rule 14(2)
  - B. NEW NATURAL GAS UNDER SEC. 102(c)(1)(C) (new onshore reservoir)
    - ☐ All items required by Rule 15
  - C. NEW ONSHORE PRODUCTION WELL
    - ☒ All items required by Rule 16A or Rule 16B
  - D. DEEP, HIGH-COST NATURAL GAS and TIGHT FORMATION NATURAL GAS
    - ☐ All items required by Rule 17(1) or Rule 17(2)
  - E. STRIPPER WELL NATURAL GAS
    - ☐ All items required by Rule 18

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED  
HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY  
KNOWLEDGE AND BELIEF.

STEVENS OPERATING CORP.

NAME OF APPLICANT (Type or Print)

SIGNATURE OF APPLICANT

Title President

Date 10-14-81

FOR DIVISION USE ONLY

☐ Approved

☐ Disapproved

The information contained herein includes all  
of the information required to be filed by the  
applicant under Subpart B of Part 274 of the  
FERC regulations.

EXAMINER

OIL CONSERVATION DIVISION

Drawer DD      Artesia, NM

DISTRICT OFFICE      #2

Sept. thru Dec. 1981  
2083 R

NO. \_\_\_\_\_

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE October, 7, 1981

PURPOSE ALLOWABLE REVISION

Effective 10-1-81 the allowable of the following Stevens Operating Corp. well in the pool listed below is hereby revised as indicated.

Twin Lakes - San Andres  
O'Brien L #9-K, 6-9-29, increased to 80 BOPD.

Oct. Total - 2480 bbls.  
Nov. Total - 2400 bbls.  
Dec. Total - 2480 bbls.

WAG:mm

Stevens Operating Corp.

NRC

OIL CONSERVATION DIVISION

\_\_\_\_\_  
DISTRICT SUPERVISOR