STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMENT no. of copies required DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL OPERATOR PRORATION OFFICE Uperator STEVENS OPERATING CORP Address P. O. Box 2203, Roswel Resson(s) for Hiling (Check pr	1, New Mexico 88201	2088 KICO 87501 LLOWABLE		04 10-1-78	
Nev Well	Change in Transporter of: 011 Dry Gas				
Recompletion	Casinghead Cas X Condens				
If change of ownership give n	amé				
and address of previous owner					
DESCRIPTION OF WELL AN	D LEASE Vell No. Fool Name, Including Form		Ind of Lease Late, Federal or Fee	Lease No.	
O'Brien "DB"	3 Twin Lakes- Sa	n Andres Assoc.	Fee		
Location I 1650	Feet From The South	Line and 1650	Feet From The East		
	• • -			County	
Line of Section 12 T	ownship 95 Range 28E	NOPH Chaves			
DESIGNATION OF TRANSPO	RTER OF OIL AND MATURAL GA	AS IGive address to which approv	ed copy of this form is to be sent)		
Hane of Authorized Transporter of 011 Navajo Refining Compar		P. O. Drawer 175. Artesia, New Mexico 88210_			
Name of Authorized Transporter of Casinghead Cas X or Dry Cas		Clive address to which approved copy of the form is to be sent) P. O. Box 4000, The Woodlands, Texas 77380			
Liquid Energy Corporation		Is gas actually connected?	i when		
give location of tanks.	C 1 9S 28E	Yes	10-8-82		
If this production is comming COMPLETION DATA Designate Type of Co		Gas Well New Well Workow	ver Deepun Plug Back Same Res'v	, Diff. Res'v.	
Date Spudded	Nate Compl. Ready to Prod.	Total Depth	F. B. L. U.		
Elevations (DF, RKB, HT, CH, etc.)	Name of Froducing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
reriorations					
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEM	ENT	
HOLE SIZE	CASING & TUBING SIZE				
· · · · · · · · · · · · · · · · · · ·					
· · · · · ·					
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be af able for this de	ter recovery of total volume o pth or be for tull 26 murs)	of load oil and must be equal to or e	sceed (of allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Froducing Method (Flow, pump	, gas lift, etc.)		
Longth of Test	Tubing Preasure	Casing Pressure	Clinke Stae		
Length of test			Can-HCF		
Actual trod. During Text	1161-Nb1#.	Water-Abla.			
GAS WELL	I longth of Test	Bils. Condensate/2080F	Gravity of Condensate	· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Instrument			Choke Size	<u></u>	
Tenting Method (pilot, back pr.)	Tubing Fronnier (alust-in)	Caning Fronsure (shut-in)			
CERTIFICATE OF COMPLI	ANCE	OIL COR	SERVATION DIVISION	· · ·	
I hereby pertify that the rules and	regulations of the Oil Conservation	APPROVED DE	C 2 9 1983	19	
	Division have been complied with and that the information given above is true and complete to the best of my knowlonge and bolief.		By mile ulallana		
		TITLE OIL AND GAS INSPECTOR			
		This form is to be fi	led in compliance with REE 1104.		
(Tan Kompson		If this is request for allowable for a newly drilled or domanned 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-			
(Signature)					
Production Controller (Title)		able on new and recompleted weiss.			
December 8, 1983		well name or number, or transporter, or oddat such out of			
(Date)		Security Forme C-104 must be filed for each root in suiting			