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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

JAN 19 1990

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

C. C. D.
ARTESIA, OFFICE

Operator Stevens Operating Corporation		Well API No. 30-005-61773
Address P. O. Box 2408, Roswell, New Mexico 88202		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)		
If change of operator give name and address of previous operator Comanche Pipeline Company, P. O. Box 2408, Roswell, NM 88202		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Atkins	Well No. 1	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line Section 28 Township 7S Range 26E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Comanche Gas Gathering Limited Partnership	Address (Give address to which approved copy of this form is to be sent) 4131 N. Central Expway, Ste. 425, Dallas, TX			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 28	Twp. 7S	Rge. 26E
Is gas actually connected? Yes		When? 12/10/82		75204

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

IV. 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, 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			
					Post ID-3			
					1-26-90			
					chg hT: SOC			
					chg GT: TPC			

V. 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 Tank	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

VI. OPERATOR 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.

Signature
Patricia Thompson Greenwade General Mgr.
Printed Name
01/18/90
Date
(505) 622-7273
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 25 1990
By ORIGINAL SIGNED BY
MAYE WILLIAMS
Title SUPERVISOR, DISTRICT I

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.