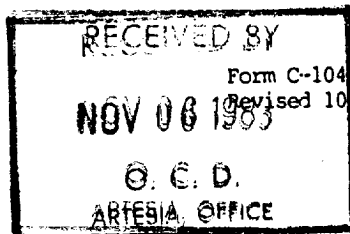


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

no. of copies required	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator
STEVENS OPERATING CORPORATION ✓

Address

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

Reason(s) for Filing (Check proper box)

New Well ☒

Change in Transporter of:

Recompletion ☐Oil ☐Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Nichols Dale Federal	Well No. 6	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee Federal LC	Lease No. 067811
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Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The WestLine of Section 33 Township 7S Range 26E NMPH Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/>	(Give address to which approved copy of this form is to be sent)
Stevens Operating Corporation	P. O. Box 2408, Roswell, New Mexico 88201
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/>	(Give address to which approved copy of the form is to be sent)
Transwestern Pipeline Company	P. O. Box 2521, Houston, Texas 77252
It well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>N</u> <u>33</u> <u>7S</u> <u>26E</u>
Is gas actually connected? <u>No</u>	When <u>12-2-83</u>

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 11-24-82	Date Compl. Ready to Prod. 12-8-82	Total Depth 4530	P.B.T.D. 4488					
Elevations (DF, RKB, RT, GR, etc.) 3707.6 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 4001	Tubing Depth 4320					
Perforations 4001, 03, 08, 4115, 22, 24, 25, 4172, 76, 77, 4232, 34, 36, 38, 40, 42, 44, 4290, 92, 94, 96, 4300, 02, 04, 18, 19			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	774'	650 sxs.
7 7/8"	4 1/2"	4526'	1200 sxs.
	2 3/8"	4320'	

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
Actual Prod. During Test	Oil-Rbls.	Water-Rbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rbls. Condensate/MCF	Gravity of Condensate
1533	24 hrs.	0	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back pressure	662	0	1/2"

OIL CONSERVATION DIVISION

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.

APPROVED _____, 19

BY _____

TITLE _____

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

If this is 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 ownership, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filled for each pool in multiply completed wells.

Production Controller

(Title)

November 4, 1983

(Date)