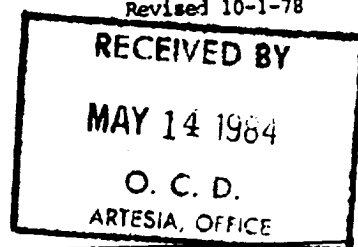


no. of copies required	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input checked="" type="checkbox"/>

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator  
Stevens Operating Corporation ✓Address  
P. O. Box 2203, Roswell, New Mexico 88201Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☒  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒If change of ownership give name  
and address of previous ownerDESCRIPTION OF WELL AND LEASE  
Lease Name Sun Diamond Well No. 1 Pool Name, including Formation Pecos Slope Abo Kind of Lease State, Federal or Fee Fee Lease No.Location  
Unit Letter O : 660 Feet From The South Line and 1980 Feet From The East  
Line of Section 20 Township 7S Range 26E NMPM Chaves CountyDESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil or Condensate X Stevens Operating Corporation (Give address to which approved copy of this form is to be sent) P. O. Box 2203, Roswell, New Mexico 88201  
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Pecos River Gas Plant Ltd. (Give address to which approved copy of the form is to be sent) 1111 Gravier, New Orleans, LA 70112  
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 20 Twp. 7S Rge. 26E Is gas actually connected? Yes When 2/8/84If this production is commingled with that from any other lease or pool, give commingling order number:  
COMPLETION DATADesignate Type of Completion - (X)  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing ShoeTUBING, 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-Rhin. Water-Rhin. Gas-MCFGAS WELL  
Actual Prod. Test-MCF/D Length of Test Rhin. Condensate/MCF Gravity of Condensate  
Testing Method (pilot, back pr.) Tubing Pressure (inlet-in) Casing Pressure (inlet-in) Choke SizeCERTIFICATE 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 (Signature)  
May 9, 1984  
OIL CONSERVATION DIVISION  
APPROVED MAY 14 1984, 19  
BY Original Signed By Leslie A. Clements  
TITLE Supervisor District II  
This form is to be filed in compliance with RULE 1104.  
If this is request for allowable for a newly drilled or reopened 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.