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TRANSPORTER	<input checked="" type="checkbox"/>
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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501RECEIVED BY
JUL 20 1987REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

STEVENS OPERATING CORPORATION ✓

Address

P. O. Box 2408, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☒Condensate ☐

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 State, Federal or Fee	Lease No.
Sun Diamond	1	Pecos Slope Abo	Fee	

Location

Unit Letter O : 660 Feet From The South Line and 1980 Feet From The EastLine of Section 20 Township 7S Range 26E NMPM Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate ☒ (Give address to which approved copy of this form is to be sent)

Navajo Refining Company

P. O. Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas or Dry Gas ☒ (Give address to which approved copy of the form is to be sent)

Comanche Pipeline Company

P. O. Box 2408, Roswell, NM 88201

If well produces oil or liquids,
give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

O

20

7S

26E

Yes

2-8-84

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, RSB, WT, 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
			7-24-82
			chg ET: P.M.C

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-Rbls.	Water-Rbls.	Gas-MCF

Post ID-3
7-31-87
chg WT: SOC

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rbls. Condensate/MMCF	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.Leila Welsch
(Signature)

Agent

(Title)

7-17-87

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 24 1987, 19

BY Original Signed By

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 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 allow-
able 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 Forms C-104 must be filed for each pool in multiply