

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501RECEIVED BY For C-104
Revised 10-1-78

JAN 31 1985

O. C. D.
ARTESIA OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Stevens Operating Corporation

Address

P. O. Box 2203 Roswell, New Mexico 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)

Cobie Ebeid Federal #2
Well Name ChangeIf 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.
Cobie Ebeid Federal Com.	2	Pecos Slope Abo	Federal	NM-29207

Location

Unit Letter H: 1980 Feet From The North Line and 660 Feet From The EastLine of Section 13 Township 8-S Range 25-E NMPK

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 Crude Oil Purchasing	P.O. Drawer 175, 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)					
Transwestern Pipeline Company	P. O. Box 2521, Houston, TX 77252					
Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	H	13	8-S	25-E	Yes	2-24-83

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'
Date Spudded	Date Compl. Ready to Prod.				Total Depth	P.S.T.D.		
Elevations (Bf, RKB, RT, CR, 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

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run to Tanks	Date of Test	Producing Method (Flow, pump, and lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Only	Water-Only	Gas-Only

GAS WELL

Actual Prod. Test-Mcf/D	Length of Test	Mils. Condensate/Water	Gravity of Condensate
Testing Method (Flow, pump, etc.)	Tubing Pressure (inlet-out)	Casing Pressure (inlet-out)	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.

Production Controller
(Title)

1-30-85

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 5 1985, 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 floored 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 Form C-104 must be filed for each pool in multiply