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RECEIVED BY O. BOX 2088
SANTA FE, NEW MEXICO 87501
OCT 28 1986
REQUEST FOR ALLOWABLE
O. C. D. AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

STEVENS OPERATING CORPORATION

Address

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

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 type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

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.
Red Lake Ridge	1	Red Lake Ridge San Andres	Fee	

Location

Unit Letter C : 760 Feet From The North Line and 1660 Feet From The West

Line of Section 21 Township 8S Range 29E NMPH Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate	(Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing	P. O. Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas	(Give address to which approved copy of the form is to be sent)
Oxy Cities Service	P. O. Box 300, Tulsa, OK 74102

Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	21	8S	29E	Yes	12-2-85

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	Shut Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, WT, HW, 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
			10-21-86
			ch. GT: MEC

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 allow-
able 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-Rblw.	Water-Rblw.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rblw. Condensate/MCF	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.

Production Controller

(Title)

10/27/86

(Date)

OIL CONSERVATION DIVISION

APPROVED

OCT 30 1986

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BY

Original Signed By
Les 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 recomplet
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 filled for each pool in multiply