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TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRORATION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

FEB 14 1984

O. C. D.

ARTESIA, OFFICE

STEVENS OPERATING CORPORATION

Address

P. O. BOX 2408, ROSWELL, NEW MEXICO 88201

Reason(s) for filing (Check proper box)

New Well	<input checked="" 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 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.
O'Brien "D"	6	Twin Lakes San Andres Asso.	Fee	

Location

Unit Letter H : 2310 Feet From The North Line and 330 Feet From The EastLine of Section 12 Township 9S Range 28E NMPM 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 Refining Company	P. O. Box 175, Artesia, New Mexico 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)
Liquid Energy Corporation	P. O. Box 4000, The Woodlands, Texas 77380
Is gas actually connected? When	
Yes	2-9-84

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.
X								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-27-83	2-9-84	2726'	2692'					
Elevations (DP, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3905.4	San Andres	2592.5	2631					
Perforations	Depth Casing Shoe							
2592.5, 93, 93.5, 94, 96.5, 97, 97.5, 98, 2601, 01.5, 02, 11.5, 12, 15, 15.5, 16, 16.5, 22, 22.5, 23.5, 24, 24.5 (22 shots)								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8" 2 3/8"	127' 2631'	150 sxs
12 1/4	8 5/8"	745'	125 sxs
7 7/8	4 1/2"	2726'	250 sxs

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.)
2-9-84	2-9-84	Pump
Length of Test	Tubing Pressure	Casing Pressure
24 hrs.	55#	55#
Actual Prod. During Test	Oil-Rbbls.	Water-Rbbls.
	55	0

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. 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)

2-13-84

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 17 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 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 Forms C-104 must be filed for each pool in multiply completed wells.