

FEB 03 1984

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

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"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	

Operator

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

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 4-10-84
UNLESS AN EXCEPTION TO
RULE 306 IS OBTAINEDIf 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 "E"	9	Twin Lakes San Andres Assoc.	Fee	

Location

Unit Letter E : 1650 Feet From The North Line and 1190 Feet From The West

Line of Section 1 Township 9S Range 28E NMPM Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate

Navajo Crude Oil Purchasing

Name of Authorized Transporter of Casinghead Gas X or Dry Gas

Liquid Energy Corporation

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

Unit	Sec.	Twp.	Rge.
D	1	9S	28E

(Give address to which approved copy of this form is to be sent)

P. O. Drawer 175, Artesia, NM 88210

(Give address to which approved copy of the form is to be sent)

P. O. Box 4000, The Woodlands, TX 77380

Is gas actually connected? When

No

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	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-14-83	1-20-84	2680'						
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3939.9 GR	San Andres	2551.5	2561'					
Perforations	2551.5, 52, 52.5, 53, 53.5, 60, 60.5, 61, 61.5, 63, 63.5, 64, 67.5, 68, 68.5 KB (15 shots) 2616 - 2625 (10-0.40" holes)	Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 2 3/8" ✓	170' 2561' ✓	120 sxs
7 7/8"	4 1/2"	2677'	200 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.)
2-1-84	2-1-84	Pumping
Length of Test	Tubing Pressure	Casing Pressure
24 hrs.	15#	15#
Actual Prod. During Test	Oil-Rbls.	Water-Rbls.
52	6	46

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rbls. 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)February 2, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 10 1984, 19
Original Signed By
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 Form C-104 must be filed for each pool in multiply completed wells.