

REQUEST 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	<input checked="" type="checkbox"/>

Operator Stevens Operating Corporation ✓

Address P. O. Box 2203 Roswell, NM 88201

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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.
Nichols Dale Federal	8	Pecos Slope Abo	Federal	LC067811
Location				
Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>33</u> Township <u>T-7-S</u> Range <u>R-26-E</u> <u>NMPM</u> <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/>	(Give address to which approved copy of this form is to be sent)
<u>Navajo Crude Oil Purchasing</u>	<u>P. O. Drawer 175 Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/>	(Give address to which approved copy of the form is to be sent)
<u>Transwestern Pipe Line</u>	<u>P. O. Box 2521 Houston, TX 77001</u>
Is well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>I</u> <u>33</u> <u>7-S</u> <u>26-E</u> <u>NO</u> <u>YES</u> <u>6-18-84</u>	

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
<u>12-30-83</u>	<u>5-1-84</u>	<u>4600'</u>						
Elevations (D.F., RKB, HT, CK, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
<u>3749.3 GR</u>	<u>Abo</u>	<u>4030</u>			<u>4286'</u>			
Perforations	4370-74 (7 shots) 4030-49 (17 shots)			Depth Casing Shoe				
<u>4223-4313 (14 shots)</u>				<u>4600'</u>				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>819'</u>	<u>500 SXS</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>4600'</u>	<u>800 SXS</u>
<u>7 7/8"</u>	<u>2 3/8"</u>	<u>4286'</u>	

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-Rhin.	Water-Rhin.	Gas-Rhin.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rhin. Condensate/MCF	Gravity of Condensate
<u>991</u>	<u>4 hrs.</u>		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<u>4 point</u>	<u>595</u>		<u>16/64</u>

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.

For Thompson
(Signature)

Production Controller

(Title)

5-9-84

(Date)

OIL CONSERVATION DIVISION

JUN 2 2 1984

APPROVED _____, 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.

Form 6-104 must be filed for each pool in multiplicity