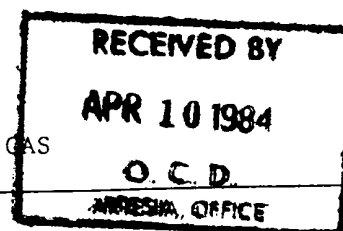


no. of copies required	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator  
STEVENS OPERATING CORPORATION ✓

## Address

P. O. Box 2408, Roswell, New Mexico

## 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)

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.
Helen Collins Fed.	5	Pecos Slope Abo	Federal	NM 38342

## Location

Unit Letter G : 1780 Feet From The North Line and 1980 Feet From The East  
Line of Section 9 Township 7S Range 26E NMPM 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	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	P. O. Box 2521, Houston, TX 77252
It well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>G</u> <u>9</u> <u>7S</u> <u>26E</u>
	Is gas actually connected? <u>no</u> When <u>4-19-84</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.					
12-30-83	3-20-84	4379'	4374'					
Elevations (DP, RNB, WT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3671 GR	Abo	3932'	3901'					
Perforations			Depth Casing Shoe					
4244-4277								
4073-4077 3932-3940								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13 3/8	354'	450
12 1/4"	8 5/8	1852'	1000
7 7/8"	4 1/2	4374'	500
7 7/8"	2 3/8	3901'	

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/24	Length of Test	Bbls. Condensate/SBCE	Gravity of Condensate
CAOF 3948	24 hr.		
Testing Method (pilot, back, etc.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
4 point	718#		32/64

## 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)4-9-84  
(Date)

## OIL CONSERVATION DIVISION

APPROVED APR 27 1984, 19BY Original Signed By  
Leslie A. Clements  
TITLE Supervisor District #

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 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 forms C-104 must be filed for each pool in multiply

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED BY

APR 25 1984

O. C. D.  
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE April 23, 1984

This is to notify the Oil Conservation Division that connection for the  
purchase of gas from the Stevens Operating Corp. ✓  
Operator

Helen Collins  
Lease

9-7S-26E, Chaves County  
S.T.R.

#5 - Unit Letter <sup>G</sup>Unknown  
Well Unit

*Acres 2.64*  
Undesignated (Abo)  
Pool

Transwestern  
Name of Purchaser

was made on 4-19-84

Transwestern Pipeline Company  
Company

*Rodney C. Burke* Rodney C. Burke  
Representative

Jr. Analyst, Contract Administration  
Title

cc: Operator  
Oil Conservation Division  
P. O. Box 2088  
Santa Fe, New Mexico 87501