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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUN 22 '88

C. C. D.
ARTESIA OFFICEOperator
Stevens Operating CorporationAddress
P.O. Box 2203, Roswell, New Mexico 88202

Reason(s) for filing (Check proper box)

New Well	<input 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 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.
Helen Collins Federal	5	Pecos Slope Abo	Federal	NM38342

Location

Unit Letter G : 1780 Feet From The North Line and 1980 Feet From The EastLine 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	X	(Give address to which approved copy of this form is to be sent)
Navajo Crude Oil		P.O. Drawer 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas or Dry Gas	X	(Give address to which approved copy of the form is to be sent)
Comanche Pipeline Company		P.O. Box 2408, Roswell, New Mexico 88202
It well produces oil or liquids, give location of tanks.	Unit G	Sec. 9
	Twp. 7S	Rge. 26E
	Is gas actually connected?	When
	Yes	4/19/84

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.
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		
Elevations (DF, RKB, HT, CH, 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
			7-1-88
			chg GT:TPC

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	Clinke Size
Actual Prod. During Test	Oil-Rbls.	Water-Rbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rbls. Condensate/SPKCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Clinke 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.

General Manager

(Signature)

(Title)

6/21/88

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 29 1988, 19BY Original Signed ByTITLE Mike Williams
Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is request for allowable for a newly drilled or abandoned
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 filed for each pool in multiply