

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
JUL 20 1987
O. C. D.
DISTRICT OFFICE

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	

Operator
STEVENS OPERATING CORPORATION

Address
P. O. Box 2408, 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		Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Railroad State		1	Pecos Slope Abo	State	IG 1459

Location
Unit Letter **L**: **1980** Feet From The **South** Line and **660** Feet From The **West**
 Line of Section **2** Township **8S** Range **26E** NMPM **Chaves** 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)			
Navajo Refining Company			P. O. Box 159, Roswell, NM 88201			
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)			
Comanche Pipeline Company			P. O. Box 2408, Roswell, NM 88201			
It well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	2	8S	26E	Yes	8-15-84

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, RT, CR, 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
			Past ED-3
			7-24-87
			AG ET: PRG

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL							
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-Bbls.		Water-Bbls.		Gas-MCF	
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.

Keila Welsh
(Signature)
Agent
(Title)
7-17-87
(Date)

OIL CONSERVATION DIVISION

APPROVED **JUL 21 1987**, 19____

BY Original Signed By
Les 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 filled for each pool in multiply completed wells.