

JUL 27 1984

O. C. D.
ARTESIA, OFFICE

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SANTA FE	<input checked="" type="checkbox"/>
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LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Stevens Operating Corporation

Address

P. O. Box 2203, Roswell, NM 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)

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	6	Pecos Slope Abo	Federal	NM 38342

Location

Unit Letter HD: 660 Feet From The South Line and 1980 Feet From The EastLine of Section 4 Township 7 S Range 26 E 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)
<u>Navajo Crude Oil Purchasing</u>	<u>P. O. Drawer 175, Artesia, New Mexico 88210</u>
Name of Authorized Transporter of Casinghead Gas or Dry Gas	(Give address to which approved copy of the form is to be sent)
<u>Transwestern Pipeline Company</u>	<u>P. O. Box 2521, Houston, Texas 77252</u>
Is well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>H</u> <u>4</u> <u>7S</u> <u>26E</u>	<u>No</u> <u>9-5-84</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>4-18-84</u>	<u>5-1-84</u>	<u>4460'</u>						
Elevations (RF, RKB, MT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3648'</u>	<u>Abo</u>	<u>3871</u>	<u>4118'</u>					
Perforations			Depth Casing Shoe					
<u>4142-56 (15 shots)</u>	<u>4206-18 (10 shots)</u>	<u>4027-32 (12 shots)</u>						
<u>4175-92 (17 shots)</u>	<u>4265-71 (14 shots)</u>	<u>3871-96 (14 shots)</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>762'</u>	<u>300 SXS</u>
<u>7 7/8</u>	<u>4 1/2</u>	<u>4455'</u>	<u>470 SXS</u>
	<u>2 3/8</u>	<u>4118'</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
Actual Prod. During Test	Oil-Rbls.	Water-Rbls.
		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rbls. Condensate/MCF	Gravity of Condensate
<u>CAOF 5832</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>457</u>		<u>23/64</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.Production Controller
(Title)7-26-84
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 14 1984, 19
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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

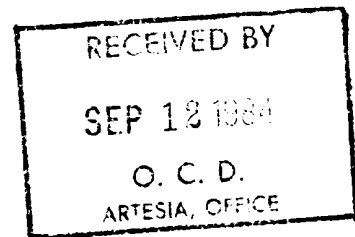
If this is request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only 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



NOTICE OF GAS CONNECTION

DATE September 10, 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

Fert.

#6

O

Well Unit

4-7S-26E

S.T.R.

P. C. Burke
Undersigned (Abo)

Pool

Transwestern
Name of Purchaser

was made on September 5, 1984

Transwestern Pipeline Company
Company

Rodney C. Burke
Rodney C. Burke
Representative

Jr. Analyst, Contract Administration
Title

cc: Operator

New Mexico Oil Conservation Commission
Oil & Gas Conservation Division
P. O. Box 2088
Santa Fe, NM 87501