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

JUL 20 1987

REQUEST FOR ALLOWABLE
AND O. C. D.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

STEVENS OPERATING CORPORATION

Address

P. O. BOX 2408, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☒Condensate ☐

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.
Hanagan "A" Federal	2	Pecos Slope Abo	Federal	NM 19421A
Location				
Unit Letter <u>M</u> : <u>990</u> Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>South</u>				
Line of Section <u>11</u> Township <u>7S</u> Range <u>26E</u> NMPH <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)					
Navajo Crude Oil Purchasing	P. O. Drawer 159, Artesia, NM 88210					
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					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	11	7S	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, GR, 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 70-3
			9-24-82
			chg GT: PRC

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-Rbbs.	Water-Rbbs.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rbbs. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, kick 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.Beila Welsch
(Signature)

Agent

(Title)

7-17-87

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 21 1987, 19

BY

TITLE

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