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P. O. BOX 2088
SANTA FE NEW MEXICO 87501

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Stevens Operating Corporation ✓

Address

P. O. Box 2203 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE R-7758 12/13/84

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
O'Brien "R"	1	WILDCAT SAN ANDRES	State, Federal or Fee	Fee

Location

Unit Letter O: 660 Feet From The South Line and 1980 Feet From The EastLine of Section 21 Township 8-S Range 29-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)
Navajo Crude Oil Purchasing	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)

It well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	21	8-S	29-E	No	

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.
	XX		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-06-84	9-14-84	3100'						
Elevations (DF, RKB, RT, GN, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3949.5 GR	San Andres	2869½'	2754					
Perforations			Depth Casing Shoe					
2869½-2904 (22 Total shots)								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12½	8 5/8	336'	200 SXS
7 7/8	4½	3100'	200 SXS
	2 3/8	2754'	

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 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.)	Post ID-2 9-21-84 Bany + BK
9-14-84	9-14-84	Flow	
Length of Test	Tubing Pressure	Casing Pressure	
24	90#	PKR	
Actual Prod. During Test	Oil-Rbls.	Water-Rbls.	Choke Size
96 Bbls	94	2	8/64
			Gas-MCF
			N/A

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rbls. 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.

(Signature)

Production Controller

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 21 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 Form C-104 must be filed for each pool in multiply