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RECEIVED BY P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
OCT 28 1986

O. C. D. REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
STEVENS OPERATING CORPORATION

Address

P. O. BOX 2408, 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

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
O'Brien "LLL"	2	Red Lake Ridge San Andres	Fee	

Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West

Line of Section 21 Township 8-S Range 29-E NMPH Chaves County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate	(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 X or Dry Gas	(Give address to which approved copy of the form is to be sent)	
Oxy Cities Service	P. O. Box 300, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 21 8-S 29-E	Is gas actually connected? When Yes 1-16-85

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, KY, 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
			10-31-86
			Add 671 ACS

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-Rhix.	Water-Rhix.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rhix. Condensate/SMPF	Gravity of Condensate
Flowing 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.

Production Controller

10/27/86

(Date)

## OIL CONSERVATION DIVISION

APPROVED OCT 30 1986, 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 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 filled for each pool in multiply  
completed wells.