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	GAS	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
MAR 14 1986
O. C. D.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

operator
Stevens Operating Corporation

Address
P.O. Box Box 2203 Roswell, NM. 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)
Change Well Name:
From: O'Brien OO #1
To: O'Brien EA #1

If change of ownership give name and address of previous owner

II DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien EA	Well No. 1	Pool Name, Including Formation Wildcat Abo	Kind of Lease State, Federal or Fee	Fee	Lease
Location Unit Letter <u>F</u> : <u>2140</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>7S</u> Range <u>29E</u> , NMPM, <u>Chaves</u> County					

III DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, NM. 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Liquid Energy Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4000, The Woodlands, TX. 77380					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 33	Twp. 7	Rge. 29	Is gas actually connected? Yes	When 7-3-85

If this production is commingled with that from any other lease or pool, give commingling order number:

IV COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DIF, 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 ID-2		
						3-14-86		
						Chg Well Name		

V 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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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

OIL CONSERVATION COMMISSION

MAR 19 1986

APPROVED _____, 19

Original Signed By
BY Les A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all