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OIL CONSERVATION DIVISION	
RECEIVED BY	P. O. BOX 2088
SANTA FE, NEW MEXICO 87501	
APR 8 1986	
O. C. D.	REQUEST FOR ALLOWABLE
ARTESIA, NEW MEXICO	AND
AUTHORIZATION TO	TRANSPORT OIL AND NATURAL GAS

STEVENS OPERATING CORPORATION	
Address	
P.O. BOX 2203, Roswell, NM 88201	
Person(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
Formally the O'Brien "00" #1	
Ex 11-158	
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	Lease No.
O'Brien "EA"	1	Wildcat ABO Dolomite	State, Federal or Fee Fee	
Location				
Unit Letter F : 2140 Feet From The North Line and 1980 Feet From The West				
Line of Section 33 Township 7 S Range 29 E , NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Liquid Energy Corp.	P.O. Box 4000, The Woodlands, TX 77380	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	F	33
		7S
		29E
Is gas actually connected?	When	
Yes	July 3, 1985	

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.
	X					X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
1-27-85	3-6-86		8080		6430			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4035 GR	ABO Dolomite		6324		6349			
Perforations					Depth Casing Shoe			
6324, 24.5, 25, 27.5, 28, 28.5, 30.5, 31, 33, 33.5, 34, 34.5, 35, 35.5, & 6336					8075'			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	408	200 Howco-Lite
12 1/2	8 5/8	2254	350 Class C
7 7/8	5 1/2	8075	850 Class "H"
7 7/8	2 3/8	6349	

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.)	
3-10-86	4-2-86	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.	50#	50#	NIA
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
63	10	53	19M

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

John E. Hubert
(Signature)
Field Manager
(Title)
4-7-86
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 14 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 a 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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.