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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  
AUTOMATICALLY 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 ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
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 "P"	2	Red Lake Ridge San Andres	Fee	

Location

Unit Letter D: 660 Feet From The North Line and 660 Feet From The WestLine of Section 28 Township 8S Range 29E NMPM Chaves County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>X</u> or Condensate	(Give address to which approved copy of this form is to be sent)	
<u>Navajo Crude Oil Purchasing</u>	<u>P. O. Drawer 159, Artesia, NM 88210</u>	
Name of Authorized Transporter of Casinghead Gas <u>X</u> or Dry Gas	(Give address to which approved copy of the form is to be sent)	
<u>Oxy Cities Service</u>	<u>P. O. Box 300, Tulsa, OK 74102</u>	
Is well produces oil or liquids, give location of tanks.	Unit Sec. Top. Age.	Is gas actually connected? When
	<u>D</u> <u>28</u> <u>8S</u> <u>29E</u>	<u>Yes</u> <u>2-14-85</u>

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.S.T.D.					
Elevations (DF, RNS, RT, CR, 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
			<u>Post ID-3</u>
			<u>10-31-86</u>
			<u>Ch. GT: 6 EC</u>

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-Wht.	Water-Wht.	Gas-WHT

## GAS WELL

Actual Prod. Test-WHT/D	Length of Test	Wht. Condensate/WHT	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (abs-in)	Casing Pressure (abs-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, 19BY Original Signed ByLes A. ClementsTITLE 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 allowable 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 filled for each pool in multiple