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LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
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RECEIVED BY O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
MAY 31 1985  
REQUEST FOR ALLOWABLE  
O. C. D. AND  
ARTESIA, N.M.  
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 ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Request testing allowable for June  
of 53 bbls.  
*San Andres 28500 - 28600*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"	3	Red Lake Ridge- San Andres	Fee	

Location

Unit Letter E: 1650 Feet From The North Line and 660 Feet From The WestLine of Section 28 Township 8S Range 29E NMPH Chaves County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate

Navajo Crude Oil Purchasing

(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 or Dry Gas

Liquid Energy Corporation

(Give address to which approved copy of the form is to be sent)

P. O. Box 4000, The Woodlands, TX 77380-4000

If well produces oil or liquids,  
give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected? When

C

28

8S

29E

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5/16/85	5/30/85	2920'						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3923 GR	San Andres	2834½	2830'					
Perforations			Depth Casing Shoe					
2834½, 35, 40, 40½, 41, 48, 48½, 49, 54½, 55, 55½, 57½, 58, 58½, 59, 59½, 62½, 63, 63½, 64, 64½ (21 shots)			2920'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	410'	250
7 7/8	5 1/2"	2920'	175

## 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)

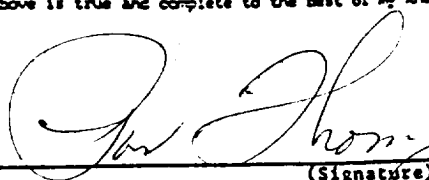
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Ratio	Water-Ratio	Gas-Ratio

## GAS WELL

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



Production Controller

(Title)

5/31/85

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 04 1985, 19BY 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 decommissioned 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 Forms C-104 must be filed for each pool in multiply numbered wells.