STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	✓	
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TRANSPORTER OIL	✓	
TRANSPORTER GAS	✓	
OPERATOR	✓	
PRORATION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
JUN 05 1985
O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE AND 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 [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
~~Request testing allowable for May of 53 bbls.~~
CASINGHEAD GAS MUST NOT BE PRODUCED AFTER 8-13-85 UNLESS AN EXCEPTION TO RULE 306 IS OBTAINED

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 West
Line of Section 28 Township 8S Range 29E NMPM Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	(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 or Dry Gas	(Give address to which approved copy of the form is to be sent)
Liquid Energy Corporation	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	Yes	6/1/85

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.
	X		X					

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 2834½, 35, 40, 40½, 41, 48, 48½, 49, 54½, 55, 55½, 57½, 58, 58½, 59, 59½, 62½, 63, 63½, 64, 64½ (21 shots)			**Depth Casing Shoe** 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
7 7/8	2 7/8"	2830'	

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5/31/85	6/1/85	Pumping	Past ID-2 6-14-85 Comp + BK
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	100#	100#	23/64
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
186	86	100	-----

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.

(Signature)
Production Controller
(Title)
6/4/85
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 13 1985, 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 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 completed wells.