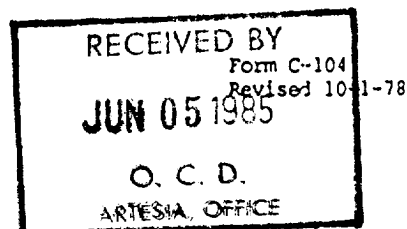


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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OIL	☒
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OPERATOR	☒
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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



Change in Transporter of:

Recompletion



Oil



Dry Gas



Change in Ownership



Casinghead Gas



Condensate



Other (Please explain)

Request testing allowable for May
of 53 bbls.

CASINGHEAD GAS MUST NOT BE

If change of ownership give name
and address of previous owner

FILED AFTER 8-13-85

UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED

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	(Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing	P. O. Drawer <u>175</u> , 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					
Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Top.	Age.	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.S.T.N.					
5/16/85	5/30/85	2920'						
Elevations (B.F., A.B., H.T., G.S., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3923 GR	San Andres	2834 1/2	2830'					
Perforations			Depth Casing Shoe					
2834 1/2, 35, 40, 40 1/2, 41, 48, 48 1/2, 49, 54 1/2, 55, 55 1/2, 57 1/2, 58, 58 1/2, 59, 59 1/2, 62 1/2, 63, 63 1/2, 64, 64 1/2 (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
7 7/8	2 7/8"	2830'	

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.)	
5/31/85	6/1/85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	100#	100#	23/64
Actual Prod. During Test	Oil-Mbls.	Water-Mbls.	Gas-MCF
186	86	100	-----

GAS WELL

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

6/4/85

(Date)

OIL CONSERVATION DIVISION

APPROVED **JUN 13 1985**, 19BY Original Signed By
Les A. ClementsTITLE Supervisor District II

This form is to be filed in compliance with RULE 1102.

If this is request for allowable for a newly drilled or recomed 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 otherwise 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 multiply completed wells.