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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
JUN 19 1987
O. C. D. REQUEST FOR ALLOWABLE
AND
ABANDONMENT TO TRANSPORT OIL AND NATURAL GAS

Operator
Stevens Operating Corporation
Address
P.O. Box 2203, Roswell, NM 88201

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Irwin Federal	Well No. 1	Pool Name, Including Formation Pecos Abo Slope (ABO)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-29621
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>7 South</u> Range <u>26 East</u> , NMPM, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Comanche Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2408, Roswell, NM 88201					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 13	Twp. 7S	Rge. 26E	Is gas actually connected? <u>NO</u>	When <u>6-19-87</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'
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 3-30-87	Date Compl. Ready to Prod. 5-28-87	Total Depth 4775'	P.B.T.D. 4775'					
Elevations (DF, RKB, RT, GR, etc.) 3812.5 GR	Name of Producing Formation ABO	Top Oil/Gas Pay ABO	Tubing Depth 4503'					
Perforations 4338' - 4346.5' - 10 shots .40" 4452' - 4506' - 27 shots .40"			Depth Casing Shoe 4775'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8", 24#	740'	400 sxs + 100 sxs 1"
7 7/8"	4 1/2", 10.5#	4775'	770 sxs 2 Stage
	2 3/8"	4503'	

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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 5-28-87	Length of Test 1 hour	Bbls. Condensate/MMCF 1,052	Gravity of Condensate TSTM
Testing Method (pilot, back pr.) Four-Point	Tubing Pressure (Shut-in) 745#	Casing Pressure (Shut-in) 745#	Choke Size 3/4"

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 Manager
(Title)
June 8, 1987
(Date)

OIL CONSERVATION DIVISION

JUL 24 1987
APPROVED _____, 19____
Original Signed By
BY Les A. Clements
Supervisor District II
TITLE _____

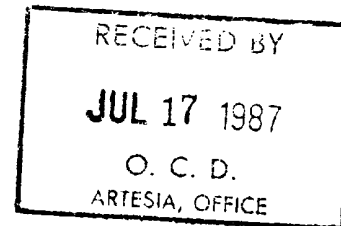
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for 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.

NM Oil Cons. Commission
Drawer DD
Artesia, NM 88210

STEVENS OPERATING CORPORATION

1250 UNITED BANK PLAZA
P. O. BOX 2408
ROSWELL, NEW MEXICO 88201
505-622-7273

June 22, 1987

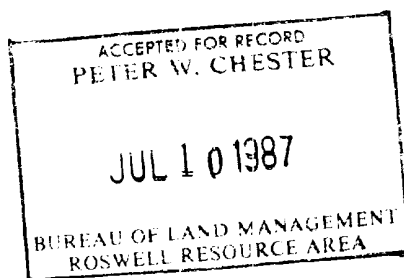


Bureau of Land Management
P. O. Box 1857
Roswell, New Mexico 88201

Gentlemen:

This will serve as notification that the Irwin Federal #1 well was hooked up to Comanche Pipeline Company on June 19, 1987 at 3:45 p.m.

Irwin Federal #1
Section 13, T-7-S, R-26-E
660' FSL, 660' FWL



Yours very truly,

STEVENS OPERATING CORPORATION

A handwritten signature in cursive script, appearing to read "Patricia Thompson Greenwade".

Patricia Thompson Greenwade
General Manager