

RECEIVED BY  
O. C. D. BOX 2088  
SANTA FE, NEW MEXICO 87501

AUG 12 1987

O. C. D. REQUEST FOR ALLOWABLE  
AND  
AUTHORITY OFFICE TO TRANSPORT OIL AND NATURAL GAS

no. of copies required	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
VILL	<input checked="" type="checkbox"/>
F.S.G.S.	<input checked="" type="checkbox"/>
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"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator Stevens Operating Corporation

Address P.O. Box 2408, Roswell, NM 88201

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

If change of ownership give name and address of previous owner: Ensearch Exploration, Inc. P.O. Box 4815, 79704 Midland, TX

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
O'Brien "A"	1	Bulls Eye-San Andres	Fee	N/A

Location  
Unit Letter N, 990 Feet From The South Line and 2310 Feet From The West  
Line of Section 30 Township 7S Range 29E NM Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>X</u> , or Condensate <u>Nava Job Crude Oil Purchasing</u>	(Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas or Dry Gas	(Give address to which approved copy of the form is to be sent)

Is well producing oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	N	30	7S	29E	NO

If this production is commingled with that from any other leases or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Reboiler	Reopen	Plug Back	Same Sec's.	Diff. Sec's
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
Elevations (of, hds, ht, etc.)	Name of Producing Formation	Top Oil/Gas Joy	Casing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post FD-3
			8-21-87
			Chg Op
			J.T. PP

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 all, able for this depth or be for full 24 hours)

Name (First and Last) Run to Tanks	Date of Test	Producing Method (Flow, pump, and lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Water	Water-Oil
	Gas-Water	Gas-Oil
<b>GAS WELL</b>		
Actual Prod. Test-24 Hr.	Length of Test	Wt. Condensate/WCF
Testing Method (flow, back pt.)	Tubing Pressure (in-10)	Casing Pressure (in-10)
		Chart 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.

John E White  
(Signature)  
Production Manager  
(Title)

8-10-87

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 20 1987, 19

BY Original Signed By

TITLE Les A. Clements

Supervisor District II

This form is to be filed in compliance with NRE 1104.  
If this is request for allowable for a newly drilled or recomplet well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NRE 111.

All sections of this form must be filled out completely for allow able 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.

Form C-104 must be filled for each well in outlying

OCD Exhibit 7  
Case No. 13675  
June 8 2006