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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

FEB 03 1989 OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

O. C. D. Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

ARTESIA OFFICE
REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Stevens Operating Corporation	Well API No. 30-005-62661
Address P.O. Box 2408, Roswell, New Mexico 88201	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien "C"	Well No. 9	Pool Name, Including Formation Twin Lakes Devonian	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>E</u> ; <u>1870</u> Feet From The <u>North</u> Line and <u>80</u> Feet From The <u>West</u> Line		Fee		
Section <u>1</u>	Township <u>9S</u>	Range <u>28E</u>	, NMPM, Chaves County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing	Address (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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> OXY, NGL Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 300, Tulsa, Oklahoma 74102				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 1	Twp. 9S	Rge. 28E	Is gas actually connected? When? Yes 02/01/89

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/27/88	Date Compl. Ready to Prod. 02/01/89		Total Depth 7468'			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 3934.4	Name of Producing Formation Devonian		Top Oil/Gas Pay 7211'			Tubing Depth 7099' 7450'		
Performances 7211', 12, 13, 14, 15, 16, 21 1/2, 22, 23, 25, 25 1/2, 26 1/2, 27 1/2, 28, 33 1/2, 34, 34 1/2, 37 1/2, 38, 39, 40, 40 1/2, 44 1/2, 45, 45 1/2						Depth Casing Shoe 7468'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1900'		700			
7 7/8"	5 1/2"		7468'		400			
	2 3/8"		7450'		3-3-89			
					comp + BK			

V. 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 Tank 02/01/89	Date of Test 02/01/89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 16 Hrs.	Tubing Pressure 300 lbs.	Casing Pressure 0	Choke Size 23/64
Actual Prod. During Test 295	Oil - Bbls. 128 Bbls.	Water - Bbls. 167 Bbls.	Gas- MCF 150

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 Patricia Thompson Greenwade
Printed Name Patricia Thompson Greenwade General Mgr.
Date February 2, 1989 Telephone No. (505) 622-7273

OIL CONSERVATION DIVISION

Date Approved FEB 28 1989
By Original Signed By Mike Williams
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.