|      | SF 1<br>File 1 V   | REQUEST   | FOR ALLOWABLE<br>AND<br>ANSPORT OIL AND NATURAL (  | Form C - 104<br>Supersedes Old C - 104 and C - 11<br>Ellective 1 - 1 - 65<br>GAS |
|------|--|---|--|--|
|      | TOR JIL /  |   |  |  |
| ş    | STEVENS OIL COMPA  | l   |  | E.C.C.   |
|      | P.O. BOX 2203 - Roswell, New Mexico 88201  |   |  |  |
|      | ason(s) for filing (Check proper box,<br>New Well<br>Recompletion<br>Change in Ownership   | Effective 8-1-79<br>Change in Transporter of:<br>OII X Dry Go<br>Castrighead Gas Condex |  |  |
|      | If change of ownership give name<br>and address of previous owner  |   |  |  |
| 11.  | DESCRIPTION OF WELL AND LEASE<br>Lease None Well No. Pool Name, including Formation Kind of Lease Lease No.  |   |  |  |
|      | Citgo "A" State  | 2 Twin Lakes-San  | Andres Assoc. State, Federa  | l or Fee State 0G4681  |
|      | Unit Letter <u>N</u> ; 660   | Feet From The South   |  |  |
| 111. | DESIGNATION OF TRANSPORT   | TER OF OIL AND NATURAL GA   | Address (Give address to which appro   | ved copy of this form is to be sent)   |
|      | Brio Petroleum, Inc.<br>Name of Authorized Transporter of Cas<br>Stevens Oil Company   |   | Address (Give address to which appro<br>P.O. Box 2203 - Roswell  | , New Mexico 88201   |
|      | If well produces cil or liquids,<br>give location of tanks.  | Unit Sec. Twp. Fige.<br>N 36 8S 28E   | is gas actually connected? Wh<br>Yes   | 10-1-71  |
|      | If this production is commingled wit COMPLETION DATA   |   | بور است.<br>المان الم  |  |
|      | Designate Type of Completio  | on = (X)  | Nev fell Varkryer Despen   | Plug Book   Same Restv.   Diff. Restv.<br>                                       |
|      | Date Spudded   | Date Compl. Ready to Prod.  | Total Depth  | P.B.T.D.   |
|      | Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation   | Top Ju/Gas Pay   | Tubing Depth   |
|      | Perforations   | 1   | . <u>i</u>   | Depth Casing Shoe  |
|      |  |   | D CEMENTING RECCUD   | SACKS CEVENT   |
|      |  |   |  |  |
|      |  |   |  |  |
| v.   | TEST DATA AND REQUEST F  | DR ALLOWAELE (Test must be a  | i<br>gier rucovery of total veithe end bil   | ant must see the support   |
|      | OIL WELL able for this depil or be for full 24 ht   Date First New Off Run To Tanks Date of Test     Findueing Michael (Figue, pump, gas lift, etc.) |   |  |  |
|      | Length of Test   | Tubing Pressure   | Coolin, Pressure   | Choire Size  |
|      | Actual Prod. During Test   | Cil-Bbis.   | Water - Ebis.  | Cat -MCF   |
|      |  |   |  | <u> </u>   |
|      | GAS WELL   |   |  | 4.   |
|      | Actual Prod. Test-MCF/D  | Length of Test  | Bbla. Condanacte/MMCF  | Gravity of Condumsate  |
|      | Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in )  | Casing Pressure (Shut-in)  | Choke 5.20   |
| VI.  | CERTIFICATE OF COMPLIAN(<br>I hereby certify that the rules and :  |   | OIL CONSERVATION COMMISSION<br>AUG 2 1979<br>APPROVED<br>EY  |  |
|      | Commission have been complied w<br>above is true and complete to the   | with and that the information given   |  |  |
|      | Jour G.  | Thee  |  |  |
|      | Owner (Tule)   |   | well, this form must be accompanied by a tabulation of the deviation<br>tests taken on the well in accordance with RULE 111.<br>All sections of this form must be filled out completely for sllow-<br>able on new and recompleted wells. |  |
|      | July 30, 1979  | ;e)   | Fill out only Sections I. I<br>we'l or   | I. III, and VI for changes of owner,   |