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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

Stevens Oil Company

OCT 27 1976

P.O. Box 1797, Santa Fe, New Mexico 87501

O. C. C.

Reason(s) for filing (Check proper box)

New Well ☐ *Workover* Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

ARTESIA, OFFICE

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>O'Brien "C"</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Twin Lakes San Andres</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>D</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>1</b> Township <b>9 South</b> Range <b>28 East</b> , NMPM, <b>Chaves</b> 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"/> <b>Mobil Pipeline Co. Truck</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1073, Midland, Texas 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Stevens Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1797, Santa Fe, N.M. 87501</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>D</b>	Sec. <b>1</b>	Twp. <b>9</b>	Rge. <b>28</b>	Is gas actually connected? <b>Yes</b>	When <b>10/6/76</b>

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)	<b>X</b>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded <b>5/24/76</b>	Date Compl. Ready to Prod. <b>10/7/76</b>	Total Depth <b>7299</b>		P.B.T.D. <b>2749 (San Andres)</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3936 G.L.</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>2564</b>		Tubing Depth <b>2600</b>					
Perforations <b>2564-92</b>			Depth Casing Shoe <b>-</b>						

TUBING, CASING, AND CEMENT RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17"</b>	<b>13 3/8"</b>	<b>675</b>	<b>800</b>
<b>12"</b>	<b>9 5/8"</b>	<b>3400</b>	<b>1600</b>
<b>9"</b>	<b>7"</b>	<b>7346</b>	<b>1065</b>
<b>7"</b>	<b>5 1/2"</b>	<b>2749</b>	<b>Packer</b>

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

Date First New Oil Run To Tanks <b>10/6/76</b>	Date of Test <b>10/7/76</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Actual Prod. During Test <b>41.14</b>	Oil-Bbls. <b>3.74</b>	Water-Bbls. <b>37.40</b>	Gas-MCF <b>4.881</b>

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Donald G. Kiser*  
(Signature)

Owner  
(Title)

10/20/76  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 28 1976**, 19

BY *W. A. Gressett*  
TITLE **SUPERVISOR, DISTRICT II**

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 deviation 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 data of condition.