

AUG 12 1983

REQUEST FOR ALLOWABLE
ANDO. C. D.
ARTESIA, OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

no. of copies required	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input checked="" type="checkbox"/>

Operator
STEVENS OPERATING CORPORATION ✓

Address

P. O. Box 2408, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Re-entry

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Fee	Lease No.
O'Brien "XX"	1	Und. Atoka-Morrow			

Location

Unit Letter A : 660 Feet From The North Line and 660 Feet From The EastLine of Section 13 Township 8S Range 29E NMPH Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <u>XX</u>	(Give address to which approved copy of this form is to be sent)
Stevens Operating Corporation	P. O. Box 2408, Roswell, New Mexico 88201
Name of Authorized Transporter of Casinghead Gas or Dry Gas <u>XX</u>	(Give address to which approved copy of the form is to be sent)
Cities Services/Transwestern Pipeline Company	P. O. Box 300, Tulsa, Oklahoma 74102
	P. O. Box 2521, Houston, Texas 77252
Is well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>No</u> When <u>8-19-83</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'v.
		<input checked="" type="checkbox"/>						
Date Spudded 6-2-83	Date Compl. Ready to Prod. 7-28-83	Total Depth 8820'	P.B.T.D. 8584'					
Elevations (DF, RKB, WT, CR, etc.) 4063' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 8340'	Tubing Depth 8225'					
Perforations 8340-42 and 8346-62 (4 shots per foot) 80 holes			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	1050'	900
11 "	8 5/8"	4057'	1400
7 7/8"	4 1/2"	8649'	675

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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
120	30 hrs.	3	
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke 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.

(Signature)

Production Controller

(Title)

August 10, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

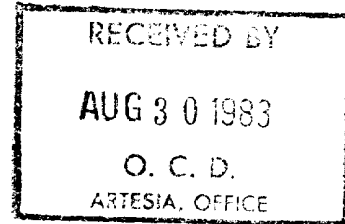
This form is to be filed in compliance with RULE 1104.

If this is 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 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.Separate Form C-104 must be filed for each pool in multiply
completed wells.

STEVENS OPERATING CORPORATION

118 WEST FIRST STREET
P. O. BOX 2203
ROSWELL, NEW MEXICO 88201
505 /622-7273

August 29, 1983



NM Oil Conservation Division
P. O. Drawer DD
Artesia, New Mexico 88201


RE: O'Brien "XX" #1 ✓
Sec. 13 T8S R29E
Chaves County, NM

Gentlemen:

Please be advised that the above mentioned well was
put on line August 19, 1983.

Very truly yours,

STEVENS OPERATING CORPORATION


Pat Thompson
Production Controller

PT:dlc