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

RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department

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

SEP -6 '89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

O. C. D.
ARTESIA

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|--|------------------------------|
| Operator Stevens Operating Corporation | Well API No. 30-005-00433 |
| Address P.O. Box 2408, Roswell, NM 88201 | |
| Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: 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 Deemar Federal | Well No. 1 | Pool Name, Including Formation North King Camp Devonian | Kind of Lease State, Federal or Fee | Lease No. NM 68078 |
| Location Unit Letter <u>K</u> : <u>1924</u> Feet From The <u>South</u> Line and <u>1988</u> Feet From The <u>West</u> Line Section <u>9</u> Township <u>14S</u> Range <u>29E</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. Box 175, Artesia, NM 88210 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 9 | Twp. 14S | Rge. 29E | Is gas actually connected? No | When ? |

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 X | Gas Well | New Well X | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 6-21-89 | Date Compl. Ready to Prod. 8-4-89 | | Total Depth 9748' MD, 9659' TVD | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3712 GR | Name of Producing Formation Devonian | | Top Oil/Gas Pay 9718' | | Tubing Depth | | | |
| Perforations 9718', 19, 19.5, 22.5, 23, 23.5, 24, 24.5, 25, 25.5, 26, 29, 29.5, 30 MD. TVD 9631'-9632', 9634'-9642' | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2" | 13 3/8" | | 324 | | 220 Incor 4% Gel. | | | |
| 11" | 8 5/8" | | 3990 | | 160 Units Hys-400&200sxs | | | |
| 7 7/8" | 5 1/2" | | 9748 | | 755 sxs | | | |

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 8/6/89 | Date of Test 8/6/89 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 4 1/2 hrs. | Tubing Pressure 395# | Casing Pressure 0 | Choke Size 12/64 |
| Actual Prod. During Test 176 | Oil - Bbls. 168 | Water - Bbls. 8 acid wtr. | Gas- MCF NA |

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 Greenwade General Manager
Printed Name Patricia Greenwade Title
Date 9/5/89 Telephone No. 622-7273

OIL CONSERVATION DIVISION

Date Approved SEP 20 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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

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