1 DIVISIC ICO 87501

Revised 10-1-78 RECEIVED

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IAHIAFE		7	SANTA FE, NEW	мсх
711.0		11	<u>- </u>	
U 1.U.1,				
LAND OFFICE		 	REQUEST FOR	AL LO
1449504154	OIL	Ļ	ИА	
	0.0	 	AUTHORIZATION TO TRANSPO	ח דמר
OPERATOR		-	A NOTHORIZATION TO TRACE	JK 1 U
PADRATION CF	ICE			
CIMIDIO				
Stevens	Op	era	ng Corporation /	
Address				

(Doie)

6-10-81

Actual Frad. Test-MCF/D	Length of Test	Bbla. Condensate/AUACF	Grovily of Condens	V	
TAS WELL			10 10	-10	
		<u></u>			
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF		
Length of Test	Tubing Pressure	Casing Pressure	Chore Sire	Choke Sixe	
Date tits! New Off Law 10 laurs					
DIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow			
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	feer recovery of total volum	ne of load oil and must be equal to	or exceed top allow	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEMENT	
·	TUBING, CASING, AN	D CEMENTING RECOR	D		
Perforations			Depth Casing Shoe		
Lievations (DF, RKB, RT, GR, etc.)					
Llarguage (DE REP DT CP	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	1	
Designate Type of Completion	on - (X) Gas Well	New Well Workover	1 1 1 Same	1	
COMPLETION DATA				Res'v. Dill. Ros'	
<u> </u>	th that from any other lease or pool,	give commingling order	number:		
If well produces oil or liquids, give location of tanks.	A 2 9\$ 28E		1		
Stevens Operating Co		P. O. Box 22		88201	
Name of Authorized Transporter of Co	singhead Gas or Dry Gas	Address (Give address !	o which approved copy of this form	is to be sent)	
Navajo Refining Com		i e	175, Artesia, NM	88210	
IESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS Address (Give address i	o which approved copy of this form	is to be sent)	
				<u> </u>	
2 75	waship 95 Range 28	RE , NMPM	Chaves	County	
Unit Letter A : 660	Feet From The North Li	n• and <u>660</u>	Feel From The East		
Location	1 12 Danco ba				
O'Brien "B"		n Andres Assoc.	State, Federal or Fee Fee		
DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including F	Cormation	Kind of Lease	Leose No.	
ind address of previous owner	<u> </u>				
I change of ownership give name	STEVENS OIL COMPANY,	P. O. Box 220	3, Roswell, NM 8	8201	
Change In Ownership	Casingheod Gas X Conde	Effective	7-1-81		
Recompletion	OII DIY G		n Operator Name		
Now Well	Change in Transporter of:				
P. O. Box 2203, Rosw	vell, New Mexico 88201	Other (Please	explain)		
Address					
Stevens Operating Co	rporation /				
CINTOTO					
OPERATOR /	AUTHORIZATION TO TRANS	SPORT OIL AND NATU	RAL GAS ARTESIA,	OFFICE	
TRANSPORTER OIL /	REQUEST FOR ALLOWABLE AND O. C. D.				
	. DITVICTOR	1D ALLUWARIE			

Fill out only Sections I. II. III, and VI for changes of owner. ell name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

OIL WELL	able for this de	pin or be for juit 24 hours		
te First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Sixe	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gaa - MCF	
GAS WELL				
Actual Frod. Test-MCF/D	Length of Test	Bbis. Condensate/ASACF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shat-La)	Casing Pressure (Shut-1n)	Choke Size	
ERTIFICATE OF COMPLIAN	NCE	OIL CONSERVATION DIVISION		
division have been complied wit	regulations of the Oil Conservation h and that the information given as best of my knowledge and belief.	BY Mike Welliam.		
Owner	Mysser.	TITLE OIL AND GAS INSPECTOR This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allowable.		
(1	(ile)	able on new and recomplete	, , , , , , , , , , , , , , , , , , ,	