

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

Form C-104  
Supersedes Old C-104s and C-110

RECEIVED

JUN 5 1980

O. C. D.  
ARTESIA, OFFICE

STEVENS OIL COMPANY

P. O. Box 2203 - Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)	Effective 6-1-80	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Change Well Name & No. from O'Brien
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	"A" No. 1 to O'Brien "C" No. 5
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien "C"	Well No., Pool Name, including Formation 5 Twin Lakes-San Andres	Assoc Kind of Lease State, Federal or Fee Fee	Lease No.
Location:			
Unit Letter B	660 Feet From The North	Line and 1980	Feet From The East
Line of Section 1	Township 9-S	Range 28-E	NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Brio Petroleum, Inc.	Texas 75251 12700 Park Central Dr., Suite 215, Dallas
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)
Stevens Oil Company	P. O. Box 2203 - Roswell, New Mexico 88201
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fee
	D 1 9S 28E Yes 4-72

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	Shut-in Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top of Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENT RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAC & CEMENT					

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total gas or oil and condensate and must be allowable for the design or be for full design)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, rod lift, etc.)	
Length of Test	Tubing Pressure	Choke Size	6-1/2
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	at MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Est. Condensate/MWCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

JUN 6 1980

APPROVED \_\_\_\_\_, 19  
BY W. A. Gussett  
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 unit designation, or other substantial modification.

Owner  
(Signature)

June 2, 1980  
(Date)