STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

no. of copies required DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE	✓	
TRANSPORTER OIL	✓	
GAS	✓	
OPERATOR	✓	
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

DEC 28 1983

O. C. D.
ARTESIA, OFFICE

Operator

STEVENS OPERATING CORPORATION

Address

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

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐   Dry Gas ☐

Casinghead Gas ☒   Condensate ☐

Other (Please explain)

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	Lease No.
O'Brien "I"	4	Twin Lakes- San Andres Assoc.	Fee	

Location

Unit Letter __C__ : __990__ Feet From The __North__ Line and __1650__ Feet From The __West__

Line of Section __31__ Township __8S__ Range __29E__ NMPM __Chaves__   County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil   or Condensate

Navajo Refining Company - Pipeline Div.

(Give address to which approved copy of this form is to be sent)

P. O. Drawer 175, Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas X   or Dry Gas

Liquid Energy Corporation

(Give address to which approved copy of the form is to be sent)

P. O. Box 4000, The Woodlands, Texas 77380

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	36	8S	28E	Yes	3-11-80

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.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, RKB, MT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Rate First New Oil Run To Tanks	Rate 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/MMCF	Gravity of Condensate

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)

December 8, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 29 1983 , 19____

BY _Mike Williams_

TITLE **OIL AND GAS INSPECTOR**

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 allowable 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 forms C-104 must be filed for each pool in multiply