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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) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien "J"	Well No. 8	Pool Name, including Formation Twin Lakes- San Andres Assoc.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>8S</u> Range <u>29E</u> NMPM <u>Chaves</u> 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
Is well produces oil or liquids, give location of tanks. Unit: <u>B</u> Sec.: <u>31</u> Twp.: <u>8S</u> Rge.: <u>29E</u>	Is gas actually connected? <u>Yes</u> When: <u>3-14-81</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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.S.T.D.			
Elevations (DF, RKB, RT, 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 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)

Rate 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-Rbls.	Water-Rbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, shut-in, etc.)	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.



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 Form C-104 must be filled for each pool in multiply completed wells.