

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

MAR - 1 1982

Q. C. D.

~~ARTESIA, OFFICE~~

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

STEVENS OPERATING CORPORATION ✓

P. O. Box 2408, Roswell, New Mexico 88201

Region(s) for filing (Check proper box)

New Well	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>

Change in Transporter of:

Oil	<input type="checkbox"/>	Dry Gas	<input checked="" type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

Other (Please explain)

Change of operator effective
2-16-82

Change in Ownership ☐ Operator
If change of ownership give name Fred Pool ~~Drilling~~ ^{Operating Co.}, Box 1300, Clovis Rt, Roswell, NM 88201
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE			Kind of Lease		Lease No.
Lease Name	Well No.	Pool Name, Including Formation	State, Federal or Fee		Fee
McKnight	1	Undesignated Abo			
Location					
Unit Letter	O	: 660	Feet From The	South	Line and 1980
					Feet From The East
Line of Section	21	Township	6S	Range	23E
					NMPM, Chaves
					County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					-----	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeline Company					P. O. Box 2521, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					yes	12-5-81 Nov. 1981

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth				P.B.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

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

total volume of load all and must be equal to or exceed top allow

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)

TEST DATA AND REQUEST FOR ALLOWANCE OIL WELL			
Date 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 - Bbls.	Water - Bbls.	Gas - MCF

able for this depth or be for full 24 hours)

Posted ID-3
Chas. Operator
3-12-82

GAS WELL

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

1. 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.

Per Thompson
(Signature)

Production Coordinator

(Title)

2-26-82

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 10 1982, 1982

APPROVED _____
BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT 0

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 all wells completed on new and recompleted wells.

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

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