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| OPERATOR               | <input checked="" type="checkbox"/> |
| PRORATION OFFICE       | <input checked="" type="checkbox"/> |

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            | <input type="checkbox"/> | Change in Transporter of: |   |
| Recompletion        | <input type="checkbox"/> | Oil                       | <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas            | <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> |

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<br>State, Federal or Fee | Lease No. |
| O'Brien "L" | 6        | Twin Lakes- San Andres         | Fee                                    |           |

Location

Unit Letter D : 330 Feet From The North Line and 330 Feet From The WestLine of Section 5 Township 9S Range 29E NMPM Chaves County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |      |      |      |                            |        |
|---|--|------|------|------|----------------------------|--------|
| Name of Authorized Transporter of Oil or Condensate   | (Give address to which approved copy of this form is to be sent) |      |      |      |                            |        |
| Navajo Refining Company - Pipeline Div.   | P. O. Drawer 175, Artesia, New Mexico 88210                      |      |      |      |                            |        |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas | (Give address to which approved copy of the form is to be sent)  |      |      |      |                            |        |
| Liquid Energy Corporation   | P. O. Box 4000, The Woodlands, Texas 77380                       |      |      |      |                            |        |
| If well produces oil or liquids,<br>give location of tanks.                                     | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? | When   |
|   | D  | 1    | 9S   | 28E  | Yes                        | 6-3-81 |

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, HT, 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)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| 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-Rhin.       | Water-Rhin.                                   | Gas-RMP    |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-RMP/H          | Length of Test            | Rhin. Condensate/RMP      | 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.Production Controller  
(Title)December 8, 1983  
(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 29 1983, 19  
BY Mike Whelan  
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 allow-  
able 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 filed for each pool in multiply  
completed wells.