

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

RECEIVED

JUN 24 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASG. C. D.
ARTESIA, OFFICE

CO. - OFFICE RECEIVED	
DISTRIBUTION	
SANTA FE	T
FILE	L
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL T
	GAS T
OPERATOR	
PROMOTION OFFICE	
Operator	

Stevens Oil Company

Address

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input 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	Lease No.
O'Brien "FF"	1	Twin Lakes-San Andres	State, Federal or Fee Fee	
Location				
Unit Letter	J	2310 Feet From The South	Line and 2310	Feet From The East
Line of Section	6	Township	9S	Range 29E, 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)					
Navajo Refining Co. P/L Division	P. O. Drawer 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" 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.	Rge.	Is gas actually connected?	When
	C	5	9S	29E	Yes	6-23-81

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.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
6-11-81	6-23-81	2878'		2854'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
3955.1 GR, 3961.1 KB	San Andres	2696		2566'				
Perforations 2696, 96.5, 97, 2704.5, 05, 05.5, 2708, 08.5, 2710, 10.5, 2714, 14.5, 15, 2717.5, 18, 18.5, 2722, 22.5, 23, 2726, 26.5				Depth Casing Shoe				
				2854'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/2"	8 5/8"	134'		75 sx.				
7 7/8"	4 1/2"	2878'		200 sx.				
4"	2 3/8"	2566'						

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)

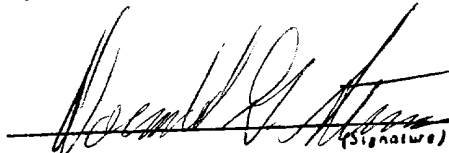
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-23-81	6-23-81	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
8 hrs.	85#	Pkr.	Open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
85.2	83.6	1.6	N/A

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

I. 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.



Owner

(Title)

6-23-81

(Date)

OIL CONSERVATION DIVISION

JUN 25 1981

APPROVED

BY

TITLE OIL AND GAS INSPECTOR

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 number, or transporter, or other such change of condition.

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

RECEIVED

June 23, 1981

JUN 24 1981

O. C. D.
ARTESIA OFFICE

Stevens Oil Company
O'Brien "FF" 1
Chaves County, N.M.

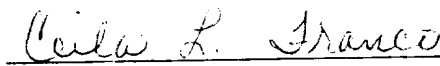
DEVIATION SURVEY

500'	1/4°
1006'	1/4°
1500'	1/2°
1883'	1°
2500'	1°
2662'	1/4°
2850'	1/4°


STEVENS OIL COMPANY Owner

STATE OF NEW MEXICO
COUNTY OF CHAVES

The foregoing instrument was acknowledged before me this 23rd day of June, 1981, by Donald G. Stevens.



My commission expires

