

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

Form C-104
Revised 10-1-78
RECEIVED

JUN 23 1981

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.D.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

I. Operator
Stevens Oil Company /

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 'L'	Well No. 7	Pool Name, including Formation Twin Lakes-San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter E : 1650 Feet From The North Line and 330 Feet From The West Line of Section 5 Township 9-S Range 29-E , 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"/> Navajo Refining Co. P/L Division	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Stevens Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2203, Roswell, N.M. 88201
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When D 1 9S 28E Yes 6-12-81

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-4-81	Date Compl. Ready to Prod. 6-12-81	Total Depth 2900	P.B.T.D. 2825					
Elevations (DF, RKB, RT, GR, etc.) 3961'GR, 3966'KB	Name of Producing Formation San Andres	Top Oil/Gas Pay 2769.5	Tubing Depth 2654'					
Perforations 2769.5, 70, 70.5, 2774.5, 75, 75.5, 2780.5, 81, 81.5, 2797, 97.5, 2802.5, 03, 03.5, 2808.5, 09, 09.5, 2812.5, 13, 2816.5, 17, 17.5.			Depth Casing Shoe 2900					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8 5/8"		125'		75 sacks			
7 7/8"	4 1/2"		2900'		75 Class "C", 125 Self			
4"	2 3/8"		2654'		stress			

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)

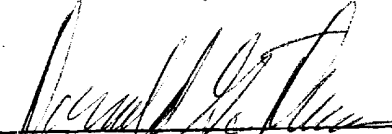
Date First New Oil Run To Tanks 6-19-81	Date of Test 6-19-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 60#	Casing Pressure 60#	Choke Size --
Actual Prod. During Test 100 bbls	Oil-Bbls. 96	Water-Bbls. 4	Gas-MCF N/A

GAS WELL

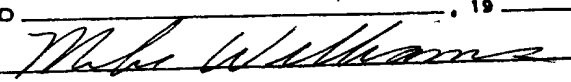
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

C. 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)
6-22-81
(Date)

OIL CONSERVATION DIVISION
JUN 25 1981

APPROVED _____, 19____
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 multiply completed wells.

ARTESIA FISHING TOOL COMPANY

P. O. BOX 647 PHONE (505) 746-6661

ARTESIA, NEW MEXICO 88210

RECEIVED

JUN 22 1981

O. C. C.
NOTARY PUBLIC

June 19, 1981

Stevens Oil Company
PO Box 2203
Roswell, NM 88201

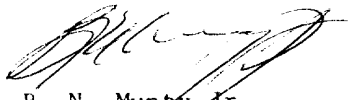
RE: O'Brien L #7
Unit Letter E
1650' FNL & 330' FWL
Sec. 5, T9S, R29E
Chaves County, NM

Gentlemen:

The following is a Deviation Survey for the above captioned well.

DEPTH	DEVIATION
500'	1/4°
1000'	1/4°
1500'	3/4°
1889'	1-1/4°
2510'	1°
2898'	1-1/2°

Very truly yours,



B. N. Munty Jr.
Secretary

BNM/rlg

STATE OF NEW MEXICO Ø
COUNTY OF EDDY Ø

The foregoing was acknowledged before me this 19th day of June, 1981.

