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U.S.O.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUL 8 1981

O. C. D.

APPROVED

Stevens Operating Corp. ✓

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 "I."	8	Twin Lakes-San Andres Assoc.	State, Federal or Fee	Fee
Location				
Unit Letter	F	1650 Feet From The North Line and 1650 Feet From The West		
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, N. M. 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Stevens Operating Corp.	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
0130	D 1 9S 29E Yes 7-1-81

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 Resrv.	Diff. Resrv.
X			X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-8-81	7-1-81	2850'	2844'					
Elevations (DF, FKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3996.1 GR, 4001.1 KB	San Andres	2702'	2722'					
Perforations			Depth Casing Shoe					
2702, 02.5, 03, 2713, 13.5, 14, 14.5, 2716, 16.5, 17, 17.5, 2719, 19.5, 20, 2725, 25.5, 26, 26.5, 27			2850'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8" 20#	130'	75					
7 7/8"	4 1/2" 9.5#	2844'	200					
4"	2 3/8"	2722'						

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

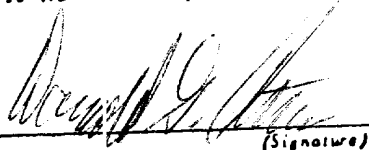
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
7-1-81	7-3-81	Pumping
Length of Test	Tubing Pressure	Casing Pressure
24 hrs	40#	40#
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
34.90 bbls	29.53	5.37
		Gas-MCF
		N/A

GAS WELL

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

CERTIFICATE OF COMPLIANCE

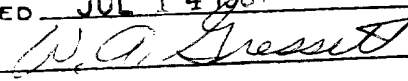
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Owner
(Title)

7-7-81
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 14 1981
BY 
TITLE SUPERVISOR, DISTRICT II

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 deviated 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 multiphase completed wells.

DEVIATION SURVEY
RECEIVED

July 7, 1981

JUL 9 1981

O. C. D.
ARTESIA, CHIEF

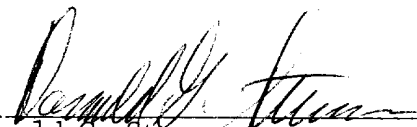
STEVENS OPERATING CORP.
Unit Letter F
1650 FNL, 1650 FWL
Sec. 6, T-9-S, R-29-E
Chaves County, New Mexico

O'Brien "L" No. 8

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

500'	3/4°
1000'	1°
1912'	3/4°
2485'	3/4°

STEVENS OPERATING CORP.

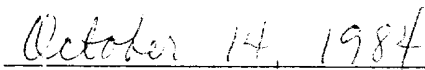

Donald G. Stevens President

The foregoing was acknowledged before me this 8th day of July, 1981.



Sheila L. Franco

My Commission Expires



October 14, 1984