

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

Form C-104
Revised 10-1-78

OFFICE OF THE DIRECTOR	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S. DEPT.	
LAND OFFICE	
TRANSPORTER	1
OIL	1
GAS	1
OPERATOR	1
PRODUCTION OFFICE	
REGULATOR	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUL 16 1981

O. C. S.
ARTESIA, OFFICE

Stevens Operating Corporation

Address

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

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Other (Please explain)

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
O'Brien "L"	9	Twin Lakes-San Andres	State, Federal or Fee	Fee
Location				
Unit Letter	K	2310 Feet From The	South	Line and 1650 Feet From The
Line of Section	6	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"/>	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 Operating Corporation		P. O. Box 2203, Roswell, New Mexico 88201
If well produces oil or liquids, give location of tanks.	Unit	Sec.
0-30 D	1	9S
Rge.	29E	
Is gas actually connected?	When	
Yes	7-15-81	

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'y.	Diff. Res'y.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-27-81	7-14-81	2825'						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3976.5 GR, 3981.5 KB	San Andres	2744	2622'					
Perforations	2744, 44.5, 45, 2747.5, 48, 2752, 52.5, 53, 2757, 57.5, 58, 58.5	Depth Casing Shoe	2825'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 20#	128'	75
7 7/8"	4 1/2" 9.5#	2825'	200
4"	2 3/8"	2622'	

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.)
7-14-81	7-15-81	Pumping
Length of Test	Tubing Pressure	Casing Pressure
24 hrs.	40#	60#
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
140 bbls	110	30
		Choke Size

		Gas-MCF
		N/A

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

Donald G. Starn
(Signature)

President

(Title)

7-15-81

(Date)

OIL CONSERVATION DIVISION

JUL 17 1981

APPROVED _____, 19

BY *W. A. Gussitt*
SUPERVISOR, DISTRICT II

TITLE _____

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 recompleted wells.

RECEIVED

JUL 16 1981

O. C. D.
ARTESIA OFFICE

DEVIATION SURVEY

July 15, 1981

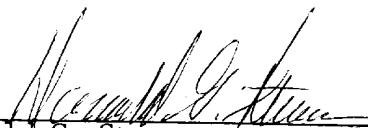
STEVENS OPERATING CORPORATION
Unit Letter K
2310 FSL, 1650 FWL
Sec. 6, T-9-S, R-29-E
Chaves County, New Mexico

O'Brien "L" No. 9

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

500'	1/4°
1500'	3/4°
2000'	1°
2513'	3/4°
2825'	1/4°

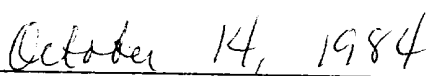
STEVENS OPERATING CORPORATION


Donald G. Stevens President

The foregoing was acknowledged before me this 15th day of July, 1981.


Ceila L. Franco

My Commission Expires


October 14, 1984