

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

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JUL 28 1981

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	7
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	1
OIL	1
GAS	1
OPERATOR	1
PRODUCTION OFFICE	
Operator	

Stevens Operating Corporation

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"	4	Twin Lakes-San Andres Assoc.	State, Federal or Fee Fee	
Location				
Unit Letter	0	990 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 Company 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.	Twp.	Rge.	Is gas actually connected?	When
	C	5	9S	29E	Yes	7-24-81

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					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7-10-81	7-21-81		2815'		2815'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3930.2 GR, 3935.2 KB	San Andres		2687.5		2584'			
Perforations	2687.5, 88, 88.5, 2693.5, 94, 94.5, 2699.5, 2700, 2700.5, 2707, 07.5, 08, 2713, 13.5, 2715.5, 16, 2720, 20.5, 21.				Depth Casing Shoe			
					2815'			
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#		2815'		200			
4"	2 3/8"		2584'					

## 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.)	
7-21-81	7-26-81	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	60#	Pkr	11/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
97.75	95	2.75	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.

  
(Signature)  
President  
(Title)  
7-27-81  
(Date)

## OIL CONSERVATION DIVISION

JUL 29 1981

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Gressett  
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 completed wells.

# ARTESIA FISHING TOOL COMPANY

P.O. BOX 647 PHONE (505) 466-6651

ARTESIA, NEW MEXICO 88210

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JUL 28 1981

O. C. D.  
ARTESIA, OFFICE

July 23, 1981

Stevens Operating Corp.  
PO Box 2203  
Roswell, NM 88201

RE: O'Brien FF #4 /  
Unit O  
990' FSL & 2310' FEL  
Sec. 6, T9S, R29E  
Chaves County, NM

Gentlemen:

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

DEPTH	DEVIATION
511'	1/4°
1000'	1/4°
1500'	1/4°
1900'	1/2°
2501'	3/4°
2800'	1/4°

Very truly yours,

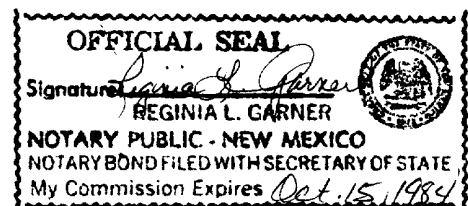


B. N. Muncy Jr.  
Secretary

BNM/rlg

STATE OF NEW MEXICO §  
COUNTY OF EDDY §

The foregoing was acknowledged before me this 23rd day of July, 1981.



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JAN 12 1875  
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