

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

Form C-104  
Revised 10-1-78

RECEIVED

SEP 25 1981

O. C. D.

ADMINISTRATIVE OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	
PRODUCTION OFFICE	
Operator	

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:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease N
O'Brien "L"	12	Twin Lakes-San Andres Assoc.	State, Federal or Fee Fee	
Location				
Unit Letter	D	330 Feet From The North Line and 330 Feet From The West		
Line of Section	6	Township 9S	Range 29E	NMPM, Chaves Count

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, NM 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, NM 88201					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	1	9S	29E	yes	9-16-81

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'
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7-25-81	9-16-81		2823'		2823'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3984.5 GR, 3989.5 KB	San Andres		2665					
Perforations					Depth Casing Shoe			
2665, 66, 66.5, 72.5, 73, 73.5, 81, 81.5 82, 89.5 90, 90.5 27					29.5, 30, 36, 36.5			
37, 40, 40.5, 42, 42.5, 43 TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
12 1/4"		8 5/8" 20#		133'		75		
7 7/8"		4 1/2" 9.5#		2823'		200		
4"		2 3/8"		2633'				

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 of able 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.)	
9-16-81	9-18-81	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	65#	65#	none
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
88	60	28	N/A

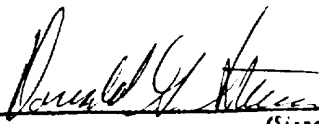
Posted ID-2  
x Comp. Book  
NRC/STV  
10-2-81

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

VI. 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)

9-24-81

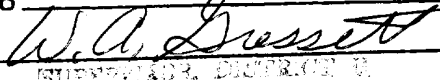
(Date)

OIL CONSERVATION DIVISION

SEP 28 1981

APPROVED

BY

  
SUPERVISOR, DISTRICT 2

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

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

ARTESIA FISHING TOOL COMPANY

ARTESIA, NEW MEXICO 88210

RECEIVED

SEP 25 1981

O. C. D.  
ARTESIA, OFFICE

August 3, 1981

Stevens Operating Corp.  
PO Box 2203  
Roswell, NM 88201

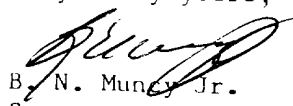
RE: O'Brien L #12  
Unit Letter D  
330' FNL & 330' FWL  
Sec. 6, T9S, R29E  
Chaves County, NM

Gentlemen:

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

DEPTH	DEVIATION
514'	1/4°
1000'	1/2°
1499'	1/2°
2000'	1/2°
2500'	1/4°
2820'	3/4°

Very truly yours,

  
B. N. Muncy Jr.  
Secretary

BNM/rlg

STATE OF NEW MEXICO  
COUNTY OF EDDY

The foregoing was acknowledged before me this 3rd day of August, 1981.

