

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 13 1981

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	7
FILE	1
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
COPY/IDOL	

Stevens Operating Corporation

Address

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

Reason(s) for filing (Check proper box)

New Well

☒

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

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 N
O'Brien "FF"	6	Twin Lakes-San Andres Assoc	State, Federal or Fee Fee	
Location				
Unit Letter M	990	Feet From The South	Line and 330	Feet From The West
Line of Section 5	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, 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 8-12-81

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	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-3-81	8-11-81	2880'	2863'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3920.9 GR, 3925.9 KB	San Andres	2656.5	2636'					
Perforations	2656.5, 57, 57.5, 2760, 60.5, 61, 2770, 70.5, 73.5, 74, 74.5, 75.5, 76, 76.5, 77.5, 78, 2783.5, 84, 84.5, 2791, 91.5, 92.		Depth Casing Shoe					
				2880'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 20#		123'		75			
7 7/8"	4 1/2" 9.5#		2880'		200			
2 3/8"			2636'					

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 oil
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.)	
8-11-81	8-11-81 to 8-12-81	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
18 hrs.	110#	pkr	11/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
108 bbls	96	12	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.

President

(Title)

8-12-81

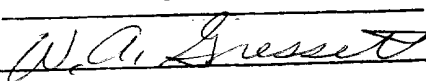
(Date)

OIL CONSERVATION DIVISION

AUG 17 1981

APPROVED _____, 19

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 deep
well, this form must be accompanied by a tabulation of the deviat
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 ow
well name or number, or transporter, or other such change of conditSeparate Forms C-104 must be filed for each pool in multi
compleated wells.

ARTESIA FISHING TOOL COMPANY

BOOK 6-47 - PAGE 10 - LINE 140-08

ARTESIA, NEW MEXICO 88210

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AUG 13 1981

O. C. D.
ARTESIA, OFFICE

August 11, 1981

Stevens Operating Corp.
PO Box 2203
Roswell, NM 88210

RE: O'Brien FF #6
Unit Letter M
990' FSL & 330' FWL
Sec. 5, T9S, R29E
Chaves County, New Mexico

Gentlemen:

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

DEPTH	DEVIATION
500'	1/4°
1000'	1/4°
1500'	1/4°
2000'	1/4°
2500'	1/4°
2612'	1/4°
2880'	2°

Very truly yours,



B. N. Muncy Jr.

BNM/rlg

STATE OF NEW MEXICO }
COUNTY OF EDDY }

The foregoing was acknowledged before me this 11th day of August, 1981.

